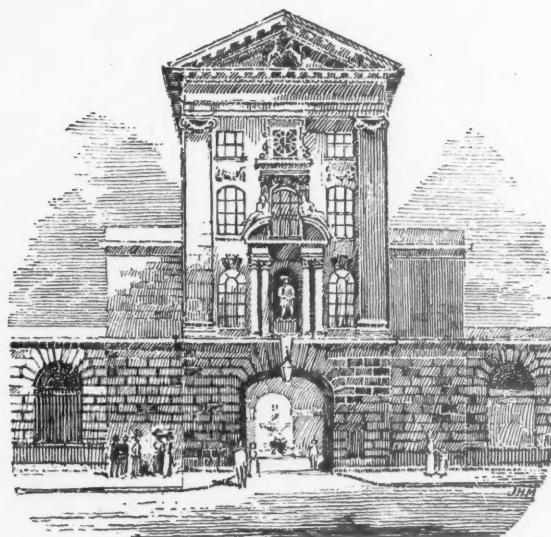


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ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXIX.—No. 1.

OCTOBER, 1921.

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St. Bartholomew's Hospital



JOURNAL.

"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XXIX.—No. 1.]

OCTOBER 1ST, 1921.

[PRICE NINEPENCE.

CALENDAR

Fri., Sept. 30.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., Oct. 4.—Sir P. Horton-Smith Hartley and Mr. L. B. Rawling on duty.
Fri., " 7.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Mon., " 10.—Clinical Lecture (Special Subject), Mr. Elmslie.
Tues., " 11.—Prof. Fraser and Prof. G. E. Gask on duty.
Wed., " 12.—Clinical Lecture (Surgery), Mr. H. J. Waring.
Fri., " 14.—Dr. Morley Fletcher and Mr. Waring on duty.
Clinical Lecture (Medicine), Sir T. J. Horder.
Mon., " 17.—Clinical Lecture (Special Subject), Mr. Harmer.
Tues., " 18.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Wed., " 19.—Clinical Lecture (Surgery), Mr. H. J. Waring.
Fri., " 21.—Sir P. Horton-Smith Hartley and Mr. L. B. Rawling on duty.
Clinical Lecture (Medicine), Dr. H. Morley Fletcher.
Mon., " 24.—Clinical Lecture (Special Subject), Mr. Scott.
Tues., " 25.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Wed., " 26.—Clinical Lecture (Surgery), Mr. W. McAdam Eccles.
Fri., " 28.—Prof. Fraser and Prof. G. E. Gask on duty.
Clinical Lecture (Medicine), Dr. J. H. Drysdale.
Mon., " 31.—Clinical Lecture (Special Subject), Dr. Cumberbatch.
Tues., Nov. 1.—Dr. Morley Fletcher and Mr. Waring on duty.
Wed., " 2.—Clinical Lecture (Surgery), Mr. W. McAdam Eccles.
Fri., " 4.—Clinical Lecture (Medicine), Dr. J. H. Drysdale.
Mon., " 7.—Clinical Lecture (Special Subject), Mr. Rose.
Wed., " 9.—Clinical Lecture (Surgery), Mr. L. Bathe Rawling.
Fri., " 11.—Clinical Lecture (Medicine), Sir P. H.-S. Hartley.
Mon., " 14.—Clinical Lecture (Special Subject), Mr. Elmslie.
Wed., " 16.—Clinical Lecture (Surgery), Mr. L. Bathe Rawling.
Fri., " 18.—Clinical Lecture (Medicine), Dr. H. Morley Fletcher.
Mon., " 21.—Clinical Lecture (Special Subject), Mr. Scott.
Wed., " 23.—Clinical Lecture (Surgery), Sir C. G. Gordon-Watson.
Fri., " 25.—Clinical Lecture (Medicine), Sir P. H.-S. Hartley.
Mon., " 28.—Clinical Lecture (Special Subject), Mr. Harmer.
Wed., " 30.—Clinical Lecture (Surgery), Sir C. G. Gordon-Watson.
Fri., Dec. 2.—Clinical Lecture (Medicine), Sir T. J. Horder.
Mon., " 5.—Clinical Lecture (Special Subject), Mr. Elmslie.
Mon., " 12.—Clinical Lecture (Special Subject), Mr. Scott.

EDITORIAL

SE have pleasure this month in publishing with the JOURNAL a reproduction of the Academy presentation portrait of Sir Anthony Bowlby; and since Sir Anthony's old students and friends are so unanimous in their affection for him, a copy of the JOURNAL is being sent to every Bart.'s man. If through inadvertence the JOURNAL does not reach anyone entitled to a copy we shall be glad to hear of it.

To Sir Anthony we wish many years of useful and happy life. Of his many claims to fame there can be none more pleasing to himself than that, in the words of Sir Frederick Andrewes, he is a "great friend."

To prevent misconception we publish here a letter from Mr. W. Girling Ball.

To the Editor of the JOURNAL.

DEAR SIR,

SIR ANTHONY BOWLBY'S PORTRAIT.

I understand that you are proposing to reproduce the portrait of Sir Anthony Bowlby in the next issue of the JOURNAL. So that there may not be any misunderstanding in the minds of those who subscribed to the painting of the portrait, it would be desirable to explain that this reproduction is from a photograph of the portrait, and has nothing to do with the photogravure which it is hoped will be sent to each subscriber as soon as the picture is returned from the Academy.

Yours sincerely,

W. GIRLING BALL,

Hon. Sec. Bowlby Portrait Fund.

77, WIMPOLE STREET, W. 1.

September 16th, 1921.

* * *

As we go to press we hear that His Majesty the King has been graciously pleased to grant a Royal Charter to our Medical School. Our congratulations to those whose petition has led to this happy and important event. The document is printed on p. 8.

The month of October brings many new faces to the Hospital. Once again the lists of Freshmen are full to overflowing, and again we take the opportunity of welcoming them to the Hospital.

We hope that they will bring the *esprit de corps* which they learnt at school or college to this ancient foundation. We would remind them that they inherit great traditions, and that from the moment when they sign the Register in the Dean's Office a responsibility falls upon them to maintain in all things our honour and our good name. The reputation which the name of St. Bartholomew's bears has not been easily or carelessly achieved. It is due to the quiet and unostentatious work of her sons through nine centuries. Certain famous names stand out like planets among the lesser stars and are remembered with pride and thankfulness. But what we possess is not due to these. Far out, sometimes in lonely and even dangerous situations, good work quietly accomplished laid and maintains the reputation of this great School. We would say to our Freshmen: These traditions you must now remember and our reputation you must increase. All your social assets may be used in the service of the Hospital, and we hope and expect that they will so be used. But more than all else we ask you so to equip yourselves during your student days as to maintain the reputation for sound work which our School is happy to possess; and, if you do this, you will be blessed with five crowded years, too swiftly passing, full of the joy of life, of happy friendships and of useful work.

* * *

We are glad to hear that Dr. Langdon Brown has been elected President of the Therapeutical and Pharmacological Section of the Royal Society of Medicine.

* * *

Dr. R. R. Armstrong has been appointed Medical Officer to the Sun Life Insurance Company. We understand that Dr. Armstrong will continue his duties at Bart.'s.

* * *

Many old friends and pupils of the late Prof. Howard Marsh will be glad to hear that a memoir of his life has recently been published. The sub-title will indicate its scope: "A story of a life's work in the study of tubercular trouble in joints and spine in St. Bartholomew's Hospital and in the Children's Hospital, Great Ormond Street. The founding of the Alexandra Hospital for Hip Disease, Queen Square. His work in Cambridge University as Professor of Surgery, and as Master of Downing College."

The price of the work is 5s. (postage 4d.) and the publisher Mr. John Murray. All proceeds will be devoted to the urgent needs of the Children's Hospital, Great Ormond Street.

Prof. Howard Marsh is still remembered with affection at this Hospital, and his dicta are often quoted in the wards.

Welcome to the new Bart.'s Pharmacopoeia! The volume now lies before us inviting in its black and gilt newness. We congratulate Mr. J. Langford Moore on his work, and are sure that he sleeps better o' nights now that his labours are accomplished. A detailed review will appear in our next number. At present we can only say that the inclusion of the metric system of measurement (together with the retention of the old system), the grouping of prescriptions under special department headings, and the pages given to treatment of poisoning cases are all distinct improvements on the old edition.

* * *

On page 15 our readers will find an appeal which should send them immediately to their cheque-books. A grand stand has long been wanted at Winchmore Hill, for such accommodation would aid the already strong "Rugger" team to secure such fixtures as their form and keenness merit. So we ask all those enthusiasts who once played the game for Bart.'s—and who now, alas, might think with horror of a hundred yards sprint—to support the hospital again as they helped it long ago. For as their speed has decreased we hope their bank balance has increased.

* * *

We understand that it has not been found possible to arrange an exhibition of new museum specimens this October. Such a display may take place later in the year.

* * *

On October 13th at 8.30 p.m. in the Medical and Surgical Theatre the Rt. Hon. Christopher Addison, M.D., M.P., one of our old Professors of Anatomy, will address the Abernethian Society on "Medical Men and Public Life." From one so well versed in both medicine and politics this should be of the very greatest interest and instruction.

* * *

We hear that all Bart.'s was at a recent trial at the Old Bailey; and if the reports are true, we wish that we had been there too.

* * *

We hope that our readers will pay particular attention to the advertisement appearing on page xi, dealing with the various enterprises organised by the Fleet Street Club and Mr. Jack Hobbs on behalf of the Hospital. Bart.'s men should rally to the support of these praiseworthy attempts to help the Hospital.

* * *

An old Bart.'s man has written anonymously asking for particulars of prints or photographs of Bart.'s views. We have looked into the matter carefully and consider the best obtainable are from Mr. Searle, of the Dispensary, who holds a stock of Mr. Cahen's excellent photographs.

* * *

Our readers will notice that in this copy of the JOURNAL there commences a series of articles entitled "Professional Opportunities." We invite correspondence on them as they appear, either of inquiry, approval, or criticism.

THE MAKING OF A DOCTOR.

By PROF. FRASER, SIR D'ARCY POWER, MR. REGINALD M. VICK, and DR. HAROLD E. GRAHAM.

"I have had three personal ideals. One to do the day's work well and not to bother about to-morrow. It has been urged that this is not a satisfactory ideal. It is; and there is not one which the student can carry with him into practice with greater effect. To it, more than to anything else, I owe whatever success I have had—to the power of settling down to the day's work and trying to do it well to the best of one's ability and letting the future take care of itself."

"The second ideal has been to act the Golden Rule, as far as in me lay, towards my professional brethren and towards the patients committed to my care."

"And the third has been to cultivate such a measure of equanimity as would enable me to bear success with humility, the affection of my friends without pride, and to be ready when the day of sorrow and grief came to meet it with the courage befitting a man."—SIR WILLIAM OSLER in "L'Envoi" of *Æquanimitas*.

I. THE MAKING OF A PHYSICIAN.

By PROF. F. R. FRASER,
Director of the Medical Professorial Clinic.

AT the beginning of a new session, when all are contemplating another year of work and when many join us for the first time in looking forward to work in medicine, it is of value to consider what is the object of the life's work of a medical man and the place of the medical school in the furthering of this object. The object surely is to serve the nation and the race by improving their health, and especially their physical health.

That is a statement of such distant objectives as to be almost a statement of ideals. That is what the medical man is striving to effect, but in the daily struggle to that objective he is guided by well-defined duties. He is striving for the greatest good to the majority, but it is with the individual he has to deal, and his first duty in practical work is to the individual—the patient. That is an obvious duty, but he has duties also to those who are responsible for the individual, and duties to those for whom the patient is responsible in the social structure—duties to parents, to husbands, to wives and to children.

These secondary duties are often neglected and impossible advice given, or advice that is not for the benefit of the majority. Homes have been broken up and the members of a family scattered to the detriment of all by a medical man's suspicion of a tuberculous focus in one of them. The public is not ignorant of medical matters and is a severe critic. The family of a patient is seldom satisfied by meaningless words, and if a satisfactory explanation of the nature of an ailment is not given it is justifiable to suppose that the medical man cannot give one. A frank statement of the further investigations or help that he considers necessary is preferable to suppositions, however unjustifiable.

There are duties to the other workers in the field of medicine, and if these are not observed the best results for the majority cannot be accomplished. These real but often indefinite duties to others than the patient are all included in the term "medical ethics," and come easily to some men, but others never find a facile performance of them. Perhaps the training of the boy at home and at school are more important than precept and experience in inducing that subordination of self that seems to be necessary.

A man equipped as completely as he is able for such a life's work can only attain to his best when his life is nearly finished, and in the medical school only five short years, it may be, are to be spent. What can be accomplished in those five years will depend on the equipment that a man has already obtained at school and the university, but most of all must it depend on the point of view from which the life's work is regarded. The selection of medicine as a career is for some a last resort, after insuperable difficulties have been met with in starting along other lines. Others enter as medical students because of family tradition, or because an opening as assistant or partner is available. In some men there is a thirst for knowledge, an inquisitiveness, and opportunities for slaking this thirst combined with a certain living attract them to medicine. In others, again, this desire to investigate is particularised, and a keen desire to study human beings and to help human beings points with certainty to a career in the medical profession.

With such variations among the personal objectives, how can the five years be spent to greatest advantage? Whatever the ultimate ideal, whatever the particular path in which the profession is to be followed, there must be immediate aims to be worked for from year to year. These aims are not the passing of the examinations; the examinations are designed to see if the aims have been attained to.

All that is possible must be learned of the living human organism. Firstly the structure—anatomy. Then the

functioning of the separate structures, and the co-ordination of the separate functions that comprise the living whole, and the mechanisms by which the brain and nervous system govern and co-ordinate and react, to enable the living whole to live in accord with surroundings—atmospheric, geological, vegetable, animal and social. That is human physiology, and by this study the average state of man can be recognised.

In all departures from this state medical men find the field for their work. They must be able to recognise the abnormal, and for that they must know the average and the limits of the normal. The further the analysis of the abnormality can be taken, the more accurately will it be possible to correct or adjust it, and the more helpful will be the work of the medical man.

In the hospital of the medical school large numbers of persons who depart from the average are collected. These are examples, and are studied and analysed and adjusted to the best of our ability. They present examples of conditions that are met with outside the hospital—samples of the conditions for which human beings appeal for help from the medical man.

Most of them are in a diseased state that affects the structure of their bodies. Some departure from the average relation with environment has resulted in an altered structure and an altered function that necessitates alterations in co-ordinating functions to make the best adjustment to suit the new conditions. In some the disease is still progressing: the adjustments have not resulted in a new condition of stability with the environment. The adjustments are continually altering. These diseased states, fixed or progressing, are recognised by the altered functioning, and sometimes by the altered structures—by signs and symptoms. In hospital patients alteration of structure is more common than is found in general practice, where altered functions alone can be ascertained in the majority of cases.

Knowledge is gradually accumulating to enable signs and symptoms to be translated into terms of structure and disease process. It is being accumulated by a careful study of progress and end-result, by the study of altered structures found after death, and by experiments designed to show the causes of symptoms and the causes of disease. Ultimate causes may never be reached, but if any stage in the process can be elucidated lines of treatment are made possible. The importance of correlating clinical studies with the study of pathology cannot be over-estimated.

The cause must be removed or checked that further damage may be prevented and the adjustment of functions may take place. Even when all possible natural adjustments have taken place we have learned to interfere advantageously by the study of therapeutics to bring about still further adjustments. The altered and adjusted human organism may then become still more efficient by altering

the environment by regulation of habits, of climate or of diet. A diseased person may become an efficient citizen, and it is the duty of the medical man to do all in his power to make him as efficient a citizen as he can. Finally he must relieve physical suffering whenever possible.

In the short time allotted to working in the medical school principles alone can be thoroughly grasped. A student has made good use of his time there who has learned how to study his patients by observation, by questions and by physical examination, who has learned that he has to recognise what the healthy state of the individual should be, and has learned that he must gauge the extent as well as the nature of the abnormality, and that he must gauge the possibilities of the individual for the future. Prognosis depends on diagnosis but is the more important. These five years cannot teach him to diagnose and prognosticate in the individual, but they should teach him that he has to do so and how he must proceed.

He cannot become an efficient medical man by passing the necessary examinations. He makes enormous strides towards the goal when holding a house appointment, but he can only reach it by retaining always the desire to learn. He must above all things develop the power of logical thought and the application of common sense.

II. THE MAKING OF A SURGEON.

By Sir D'ARCY POWER, K.B.E.

T was profanely said a few years ago in a newspaper of the baser sort that neither the morals nor the temper of a surgeon mattered so long as he was a skilful operator. Surgeons without morality and cursed with the temper of a fiend have undoubtedly sometimes succeeded financially, but they have been mere machines, doing nothing to advance their profession though they may have been consummate craftsmen.

In the best time of Greek medicine the surgeon received the same training as the physician and was held in equal repute. Then came a long period when surgery was divorced from medicine and the surgeon in popular estimation was the servant of the physician. But in England and France there have been two or three surgeons in each generation who by virtue of their better education, social standing or superior knowledge have been on an equality with the best physicians of their age, and the number of such men has tended to increase.

Years ago John Arderne, a great English surgeon, laid down for his contemporaries the characteristics of an ideal surgeon. He was to be a gentleman, courteous in manner, easy of address, steady and firm in principle, no drunkard,

a clean liver, not envious of another's success or a detractor from his reputation. For himself he was to strive for technical skill above his fellows, he was to be charitable to the poor by using his knowledge for their relief, and for the rich he should have a store of small talk and witty stories with a pleasant countenance for all.

The portrait still holds good : one who wishes to become a successful surgeon must train all his faculties and must study to keep them at the highest pitch of perfection. Above all things he should start with a good general education, and in this respect surgeons still lag behind physicians. Surgeons specialise too early in science, and are studying physics, chemistry and biology when they should be reading *Don Quixote*, wrangling at the debating society, or learning good-humouredly to give and take in the fencing school or boxing club.

Admitted at last to the wards and out-patient rooms of a large hospital they learn more by example than by precept. At St. Bartholomew's we have been fortunate enough to inherit the great traditions of Christian charity handed down to us from our Founder through Pott, Abernethy, Lawrence, Savory and Tom Smith—traditions which teach us that the patients are human beings with like parts and passions as ourselves, and we treat them courteously. They appreciate the courtesy, and it is a great pleasure to many of them if our memory for faces and facts is so good that we can remember them and their ailments though it may be months or years since they were last seen. Such a memory is of the greatest value to a surgeon ; for some it is innate—a royal gift—others never seem able to obtain it. Another tradition bequeathed to us from the great masters in surgery who were our predecessors was the importance of after-treatment in the cure of disease ; they operated with the greatest brilliancy, but their personal attention never ended so long as the patient remained under their care.

Such traditions have been handed on to us by direct observation from one generation to another. It was a good custom, therefore, which required the junior to be in frequent attendance upon his senior. A dresser enjoys the privilege for a few months but usually with too little knowledge to profit ; for a short time longer the house-surgeon avails himself of it, and if he be humble-minded, observant, and of a retentive memory, he may learn those principles of his art which will be of untold value to him in the future, for they will serve him as a starting-point for further advances. The full benefit of such an association, however, is gained by the assistant, who is more permanently attached to his chief. He learns from him the many little tricks which have made his master a successful operator, his method of overcoming difficulties and of meeting the unforeseen emergencies which are constantly arising in the operating theatre, whilst at the same time he observes the failures and notes the faults which have caused them.

But as surgery cannot be learnt by reading and observa-

tion, the dresser who has been a house-surgeon and has been promoted to the office of chief assistant will seek the earliest opportunity for conducting his own operations. If these operations can be carried out before a critical audience either of colleagues or of students it will be a better training than if they are done in private, for the young surgeon is then less likely to develop eccentricities of style or an overweening confidence in his own ability and methods. Our immediate predecessors at the Hospital operated under the inspiring gaze of the whole Surgical Staff, which was as ready to criticise as its members were eager to help if an emergency arose. Our own generation worked too much in the seclusion of their own theatres. Present-day surgeons—wiser than we were—have established clubs and societies with the object of seeing each other operate, and to such roving bands every operating surgeon should attach himself as early as possible for the chastening of his spirit.

Much has still to be learnt before a surgeon can succeed in private practice even when natural ability and constant practice have given him a mastery of his art. He may be fortunate enough to have the gift of inspiring confidence in his patients and their friends. I do not quite know upon what it depends, chiefly perhaps upon the surgeon's knowledge of what he himself can do, partly upon an obvious sincerity of purpose and an ability to enter into the feelings of the patient, partly in his ability to foresee the end, for a surgeon who systematically under-estimates the risks of an operation, like him who over-estimates them for the sake of gain, soon ceases to be employed. Another factor which makes for success is the ability to explain in simple language the nature and cause of the disease, as well as the course which it is likely to follow with or without operative treatment.

But the whole life of a surgeon is not spent in the operating theatre : he is consulted on many points of vital importance to his patients, and the greater his knowledge and the sounder his judgment the greater will be his ability to answer satisfactorily the numerous questions which are put to him—answers which often involve a complete change in the life and fortunes of the questioner. The time for dogmatic statements has long past ; patients and their friends have usually obtained several opinions or have read much of the available literature on the subject of their complaints—real or fancied. The surgeon must learn, therefore, to base his diagnosis upon facts obtained after a systematic examination, and he should be careful to exhaust every means of investigation before he declares that an operation is the only means of cure.

The public no longer expects that a surgeon should possess a universal knowledge of his art, but for his own satisfaction he should make himself acquainted with the instruments of precision in ordinary surgical use, and should be able to employ the ophthalmoscope, the laryngoscope and the cystoscope, if it is only to control and verify

the reports which are brought to him from time to time. It is well worth while, therefore, for every student to gain a working knowledge of these instruments, and when he is qualified he should visit occasionally the special departments of a well-equipped hospital lest he should think that his education has reached finality.

Lastly the surgeon has to think of his own health. He should be physically sound if he is to practise his art *cito, tuto et jucunde*. Long hours are required of him, irregular meals, and often periods of great anxiety. Some form of recreation, therefore, is imperative if his life's work is not to be mere drudgery. Some hobby he must have. It is better that he should earn a competence with a hobby than make a fortune without one. The choice of a hobby is endless, for a surgeon is well educated, highly cultivated, accustomed to detail, and able to work with all sorts and conditions of men.

III. THE SPIRIT OF THE PLACE.

By REGINALD M. VICK, M.Ch., F.R.C.S.,
Warden of the College.

"Let us hold fast to the unity of Hospital life and to our bounden duty to the spirit of the place."—*Confessio Medici*.



HE early days of October will see the arrival amongst us of many men to whom this Hospital is still but a name, and it is to them that these words are addressed.

Others more erudite and academic than I will talk to you of your work—I would tell you of the associations into which you enter, of the social side of your life, and of the incalculable benefits about to be heaped upon your heads.

I would like to help you to realise the enormous advantages you may gain from the very strenuous life of the Hospital, and would urge you all to live to the full the years you are here.

Some of you come from the ancient foundations of Oxford and Cambridge. The royal and ancient foundation which you enter is more than a hundred years older than either of them.

When Oxford was still an unknown village, when Cambridge was nothing but a fen, the doors of St. Bartholomew's Hospital were open to receive the indigent poor.

If you have been imbued with the true spirit of veneration for age, taught so insidiously by the grey stones and old chapels of your University—here is age in very truth, and worthy of your respect.

It is well that you should know that there is, probably, no other institution in existence which can claim eight hundred years of progress, during which time this Hospital has sent

out her sons into all parts of the world to practise the art of healing.

Once a famous surgeon from another school, who visited us, was asked what he thought of the place. He replied in the words of a famous gibe, "It is good to be back in the Ark again."

He could not have paid a more delicate compliment to his hosts. I, at any rate, know of no single structure in history which played so important a part in the saving of life as the Ark of Noah, and surely nowhere has the spirit of companionship been so usefully developed in a confined space.

If you come from the slightly younger University of London, I need hardly commend to you a recognised school of your own University and one of which you may well be proud.

And should you come straight from school, here is a place with most of the benefits and none of the trying restrictions of the one you have just left.

You will read elsewhere of the details of your work, but a few words of advice may not be out of place.

Bring with you a bright and cheerful spirit. Much of your work is drudgery. You may miss many things in London. The trees are not very green. The old grey walls are almost black. You will have to move in trams and trains and tubes and 'buses. These abominations of transportation will depress you for a time.

You will look back with longing to the happy communal life of the College or to the comforts of home.

But if you enter fully and at once into the life of the Hospital, this void will soon be filled, albeit differently.

Bring with you a keen and healthy power of criticism, but withal a sweet reasonableness and a kindly judgment.

Develop a ready sympathy. Much that you will see of suffering is dreary and sordid.

Be quick and business-like in manner and habit and yet gentle and considerate with your patients. It is our proud boast that here lives the true spirit of courtesy to the poor.

Learn from the patient and the book. Your deep interest in his symptoms will often do as much good to him as your treatment.

Cultivate a bedside manner of your own. If you are sincere in your study of the healing art, you can develop whatever bedside manner you prefer.

You can be genial and hearty—or heavy with the heaviness of a great brain—or cynical with the cynicism of a genius—or even purely fantastic in your ways, so long as you do your best to find out what is the matter with your patients and let them see that you are a "clever doctor."

You will soon discover how much easier it is to convince a patient of this essential fact about yourself than it is to drive an examiner to the same conclusion.

And if you have a sense of humour, cling to it as one of your most precious assets. Bring it up delicately, and it will

be very useful to you in every part of your career, except your examinations. There it is likely to produce disaster.

Remember that you have come here to learn the principles and practice of your profession.

Yet, while keeping this aim for ever in your minds, do not forget that examinations are troublesome but necessary formalities to be gone through before you possess "the right to kill."

Study the method of imparting information by question and answer. Remember that examiners were once human. Take stock of the human side of your teachers and make use of your knowledge of it.

You have come to Bart.'s to be made doctors, and if work alone would make you a doctor, enough has been said.

But work is only one side of your life, and your youth and energy are wanted to help the School in other ways. You have not entered merely a great academic institution; you are not merely about to be drawn into a huge educational machine out of which you will emerge with some letters at the end of your name.

You have joined an old and loyal society. It is the pride of all Bart.'s men that they hold together. We are very free in our criticism of one another; but where our *Alma Mater* is concerned we tolerate discussion, we even admit the existence of other schools; but compared with us—well! you will soon learn to fill this gap.

It is up to you to enter at once into the manifold activities of the Hospital and the Students' Union; to grip firmly the torch that is being handed on to you; to uphold and strengthen the traditions, henceforth to be your own.

You may find London trying to your health. As you are told elsewhere in this issue, a playing-field of wide acres awaits you. You can be whatever type of sportsman you choose.

But it is the earnest wish of all the captains and secretaries of clubs that you will give of your first and best to the Hospital sides.

And you will realise by the way in which the secretaries receive you that they need every active playing member that they can get.

IV. GENERAL PRACTICE.

By HAROLD ERNEST GRAHAM, M.A., M.B., B.Ch.(Cantab.),
M.R.C.S., L.R.C.P.

ABOY stood gazing at the ominous Grecian truth that greets the aspirant as he enters for the first time the Medical School. Having spent eight hours a day at his public school in the perusal of the classics, his curiosity was aroused. Politely inquiring the meaning of the word *βραχύς* from a bystander, he passed through the portal. Undoubtedly the ancients had the art

of condensing an uncomfortable truth into a few pithy words. He felt a little anxious. Life was short, but *how* long was art? Inside the door the notice-board fluttered with lists of "subjects." Feverishly his eyes wandered from page to page of the programme, by which a fatherly authority hoped to ultimately turn him out, the finished article. First, a botanist and a chemist; more laboriously, an anatomist and physiologist; by the sweat of his brow, a physician and a surgeon. Add a few trimmings in the shape of bacteriologist and electrical engineer, and then, at the end of five years, with a gentle fatherly push through the great gates, he would be cast to the public—a general practitioner.

To make his little brother a sailor, wise men at the Admiralty had taken him from his nursery.

A feeling of neglect surged through his heart: to give *him* a fair start with this programme he should have been plucked from his mother's breast.

Passing through the glass doors, he sat down in the quiet of the Library and mopped his brow.

* * *

Five years have passed. On the same seat, the boy, still a boy though a little more assured, takes stock of his assets to balance his account.

He has the right to add M.B.(Lond.) to his name. He has the memory of five years of strenuous work, and of strenuous companionship. The traditions of a great medical school are his. He passes in review the various subjects in which he has satisfied the examiners, and the time he has squandered upon them.

Botany, physics, and chemistry, one whole year's work. What entry could he put on the credit side of his account.

Botany—a confused idea of the structure of plants. (The hedgerows remained to him a closed book.)

Biology—he could credit his account with a reminiscent smell of a dogfish on a hot summer's afternoon, never to be forgotten.

Physics—the translation of degrees Centigrade to degrees Fahrenheit still remained a troublesome process.

Chemistry—could he prepare an $\frac{N}{10}$ solution of soda?

A sketchy foundation, but still, it made subsequent work a little more intelligible.

On the debit side, a year's work.

Anatomy and physiology—now he was coming to grips. Physiology, perhaps, was a little shaky. But the anatomy! think of the mental training. Think of the feeling of power, in knowing at least one exact science.

After a hard day's work elusive sleep could be wooed by lightly running over the branches of the brachial plexus, or by trying to fit the appropriate "tip" to each vessel and its branches. Certainly a place must be found for "Pocket Gray" on the credit side.

On the debit side two years' work.

Then the last two years. To the credit side he could faithfully add a thorough grounding in the first principles of his art, thoroughly and efficiently taught. Lacking only one essential, actual practice.

Ere long the truth would be driven into his soul that it is better training to enucleate clumsily one tonsil than to watch another skilfully enucleate hundreds.

Summing up, a little less time spent on preliminaries and a little more actual performance of essentials would have produced him a prettier balance-sheet.

* * *

So much for general training. This particular youth had been blessed with unusual foresight. He determined to study the actual conditions of general practice and if possible to avoid its pitfalls. This is what he saw: the general practitioner emerge from his house appointment with a good general foundation upon which to build up his experience of the ailments of mankind. Then gradually becoming a lonely figure, his relations with his surrounding medical brethren a little strained; depending more and more upon his growing experience in managing the frailties of his patients, than upon his scientific training, which time is gradually obliterating.

Increasing practice and social obligations make greater inroads on his time: opportunities of returning to his medical school for a periodic "refresher" become more difficult.

Bewildered by the changes which follow in the wake of each succeeding generation. Each year the increasing facilities for transport tending to produce a more fluid population around him. The rising generation, with a smattering of doctoring gleaned in the kitchens of Red Cross hospitals, less easily satisfied, prone to rush for advice from doctor to doctor, their faith firmly pinned on anything institutional. Then the steady increase of administrative treatment. The Insurance Act, maternity centres, children's welfare centres, venereal and tubercular clinics, the certified midwife, the tendency of minor accidents to hasten to the matron of the cottage hospital, all gradually but surely eating into the poorer part of the practice—into that part which provides the material and is the foundation of every good general practice—until at last he realised that the general practitioner, the family doctor, was passing away. That the rendering of a service was no longer regarded as a bond, as a tie, between him and that family. How was it possible to enthuse over the beautiful relationship between the family doctor and his patients when the mother was attending the pre-natal clinic, the infants seeking dietetic advice at the Welfare, the younger children approaching him only with adenoidal "chits" from the visiting school doctor, the eldest-born paying regular visits to the venereal clinic in a sufficiently distant town. Obviously public taste had changed. Individualism was in

competition with collective organisation. The public demanded something no one man could offer.

* * *

And so young hopeful grasped the truth—that if one man tries to compete with a team, the one man will surely see the most inspiring part of his work filter away to the team. Each general hospital is a team. Imitation is the sincerest form of flattery.

"I will find me," says he, "three other kindred spirits and form a team. We will no longer train to be all things to all men; one shall be the surgeon, his moments of recreation spent in such a study as diseases of the genito-urinary tract. One *médecin chef* shall study anaesthesia, the other bacteriology; the fourth, the electrician, will cover the neurological field. The last part of our training shall be framed with this object."

So they squandered not their capital in the purchase of a family practice in the midst of a roving population. It was pooled for the taking of a suitable premise, furnished with instruments of precision, without which there can be no hope to compete in diagnosis with the organisations that possess them. This was the advanced trench of their position. Each patient as he passed the entrance door paid a fixed fee, and was wafted to the department that dealt with his complaint. If necessary he was banded from room to room. That was no novelty to the patient, whether his previous experience had been gained in hospital or in Harley Street. He paid his money and got his diagnosis. No consuming doubt as to whether his breast pocket could stand the strain confused the story of his complaint.

And so they prospered, and kept the work that brings the greatest reward and keeps men's interest.

There were difficulties from without—plenty; there were difficulties from within. But difficulties are the salt of life.

A good thorough training in the first principles, more practice in hospital routine work, at the expense of the preliminary subjects. A further extended training in one particular subject, and the gift of being able to work with other men—then a chance of success.

ROYAL CHARTER OF INCORPORATION OF THE MEDICAL SCHOOL.



UR Medical School has recently entered upon a new phase in its history by the Grant to it of a Royal Charter of Incorporation under the title of "the Medical College of St. Bartholomew's Hospital in the City of London." Space will not permit us to enter into any detailed account of the history of the Medical School, but hitherto its constitution has been somewhat vague and ill-defined. Its origin is lost in the past, and the earliest records show that in 1662 students were in the habit of

attending the practice of the Hospital. In 1720 the Governors provided a museum of anatomical and surgical preparations, and in 1734 granted permission to the Surgeons or Assistant Surgeons "to read lectures in Anatomy in the Dissecting Room of the Hospital." In or about the year 1790, John Abernethy and his colleagues having approached the Governors of the Hospital, the Medical School was founded on more formal lines—the buildings being provided by the Governors of the Hospital and the chief lectureships founded. The appointments to lectureships have since then been made by the House Committee of the Governors, whilst the arrangement of the details of the educational course was left to the School Committee, consisting of the Staff and the Lecturers.

The School having grown in importance and prestige, it has been felt for some time that a revision of its constitution and government was highly desirable. The Hospital and staff accordingly petitioned the King in 1913 for a Charter. This, owing to the war, was for a time withheld, but now has become an accomplished fact. Herewith we print the Charter *in extenso*, and we feel sure that it cannot fail to be of the highest interest to all past and present Bart.'s men.

George the Fifth, by the Grace of God of the United Kingdom of Great Britain and Ireland and of the British Dominions beyond the Seas, King, Defender of the Faith, To All to whom these Presents shall come GREETING.

WHEREAS a Petition has been presented to Us by The Mayor and Commonalty and Citizens of the City of London as Governors of the House of the Poor commonly called Saint Bartholomew's Hospital near West Smithfield London of the Foundation of King Henry the Eighth (which Hospital is hereinafter called "St. Bartholomew's Hospital") and by Samuel West, Esq., M.D., F.R.C.P. (since deceased), Sir Anthony Alfred Bowlby, K.C.B., K.C.M.G., F.R.C.S., Sir Wilmot Parker Herringham, K.C.M.G., C.B., M.D., F.R.C.P., Holburt Jacob Waring, Esq., M.S., M.B., F.R.C.S., and Thomas William Shore, Esq., M.D., B.Sc., on behalf of the Medical Officers and Lecturers of St. Bartholomew's Hospital praying Us to grant a Charter of Incorporation for the purpose of constituting the persons named in the First Schedule hereto and their successors and such other persons as to Us might seem fit a Collegiate Corporation with the objects, among others, of acquiring and taking over the property and obligations of the Medical Officers and Lecturers of St. Bartholomew's Hospital and of the Governors of the said Hospital in connection with the education of Students of Medicine, now carried on by them at St. Bartholomew's Hospital, and the property held in trust for or in connection with the same purposes and of carrying on the work of the Medical School of the said Hospital.

AND WHEREAS We have taken the said Petition into Our Royal consideration and are minded to accede thereto.

Now THEREFORE KNOW YE that We, by virtue of Our Royal Prerogative in that behalf and of all other powers enabling Us so to do, of Our special grace, certain knowledge, and mere motion, by these Presents, do for Us, Our heirs and successors, grant, will, direct and ordain as follows:—

I. The persons, whose names are set forth in the First Schedule hereto, and all such persons as may hereafter become Governors of the Body Corporate hereby constituted pursuant to the provisions of these Presents, or the Powers hereby granted, shall for ever hereafter be one body politic and corporate, by the name and style of "The Medical College of St. Bartholomew's Hospital in the City of London" (hereinafter called "the College"), and by the same name shall have perpetual succession and a Common Seal, with power to break, alter, and make anew the said Seal from time to time at their will and pleasure, and by the same name shall and may sue and be sued in all Courts of Justice of Us and Our heirs and successors and shall have power to do all other matters and things incidental or appertaining to a body corporate.

II. By the same name they or any person or persons on their behalf shall have full power and capacity to accept acquire and hold any personal property whatsoever and shall also without any further authority by virtue of this Our Charter have full power and capacity (notwithstanding the Mortmain and Charitable Uses Act 1888 or any other Statute relating to Mortmain and Charitable uses) to accept acquire and hold in perpetuity or on lease or otherwise lands houses buildings and hereditaments not exceeding at any one time in annual value calculated as at the respective times of acquisition thereof respectively the sum of £10,000.

III. And We do hereby also for Ourselves and Our successors give and grant Our licence to any person or persons and any body politic or corporate to assure in perpetuity or otherwise or to demise to or for the benefit of the College any lands houses buildings or hereditaments whatsoever within Our United Kingdom of Great Britain and Ireland within the limits of value aforesaid, hereby nevertheless declaring that it shall not be incumbent upon any such person or persons or body to inquire as to the annual value of the property which may have been previously acquired by the College.

IV. The College shall be conducted with the following objects and have the following powers:—

(a) To acquire, take over by way of gift or otherwise, and carry on the Medical School at St. Bartholomew's Hospital in connection with the education of Students of Medicine now carried on at the said Hospital by the Medical Officers and Lecturers thereof, and for this purpose to acquire from the said Hospital by lease, license or otherwise the buildings now used by the said Hospital for the purposes of their Medical School

or the right to use the same on such terms as may be arranged, and also to acquire and take over by way of gift or otherwise the contents of the Library and Museum of St. Bartholomew's Hospital and all or any securities, moneys and property both real and personal of every description vested in or belonging to the said Medical Officers and Lecturers or any Trustees or Trustee on their behalf or otherwise held for the purposes of the said Medical School or for the purpose of promoting education in medicine at the said Hospital, and to give valid receipts and discharges for the same, and to act as Trustees of any securities moneys or property held for any of the purposes aforesaid, and to undertake and assume all or any of the liabilities of the said Medical Officers and Lecturers or of the Governors of the said Hospital in respect of the said Medical School ;

(b) To carry on the educational work now carried on by the Medical Officers and Lecturers of St. Bartholomew's Hospital at the said Hospital with such extensions, additions, modifications and changes as may from time to time appear advisable, and to provide a complete education for Medical Students, and for these purposes to enter into and make all necessary and proper agreements and arrangements with the Governors of the said Hospital for facilitating the access by Medical Students to the Hospital buildings and premises ;

(c) To purchase, take on lease, or license, hire or otherwise acquire any lands, buildings, easements, or hereditaments of any tenure, or any other property real or personal, or any right of user thereof which may from time to time be deemed by the College requisite or convenient for the purposes thereof (subject nevertheless to the restriction as to annual value of lands, houses, buildings and hereditaments hereby imposed), and to erect, construct, build, maintain, repair, renew, enlarge, and alter any buildings or works which may be deemed by the College requisite or convenient for the purposes thereof and to pull down and remove any buildings or works ;

(d) To provide opportunity for research so as to advance the knowledge of medicine and surgery and the allied sciences, and to promote the investigation of diseases by lectures and demonstrations, and to publish or assist the publication of such books, pamphlets, journals, and information as may be calculated to advance or assist the purposes of the College ;

(e) To invest such moneys of the College as may be thought fit in any of the modes of investment in which trust funds shall for the time being be authorised by law to be invested with power to vary such investments and to place any such moneys on deposit with any Bank or Banks ;

(f) To solicit and receive subscriptions, endowments and gifts of all kinds (including moneys lands and securities), whether absolute or conditional, for or in connection with the purposes of the College or any of them, and to act as Trustees for or in relation to any such endowments or gifts ;

(g) To borrow and raise money for any of the purposes of the College, and to create and issue securities charged or not charged upon any of the property and assets both present and future of the College, and to sell, exchange, lease, mortgage, dispose of, deal with, or turn to account all or any property or rights of the College. Provided that no sale, mortgage, change or lease of any hereditaments situate or arising in Our United Kingdom shall be made without such consent or approval (if any) as may be required by law ;

(h) To establish and support or aid in the establishment and support of institutions superannuation and other funds, trust and conveniences for the benefit of the members and ex-members of the staff of the College, their dependents and connections, and to grant pensions and allowances to any such person ;

(i) To apply for and obtain any Supplementary Charter or Act of Parliament which may be deemed by the College expedient for any of the purposes of the College ;

(j) To make and carry out any arrangement for joint working or co-operation with any other association or body (whether incorporated or not) carrying on work similar to any work for the time being carried on by the College ;

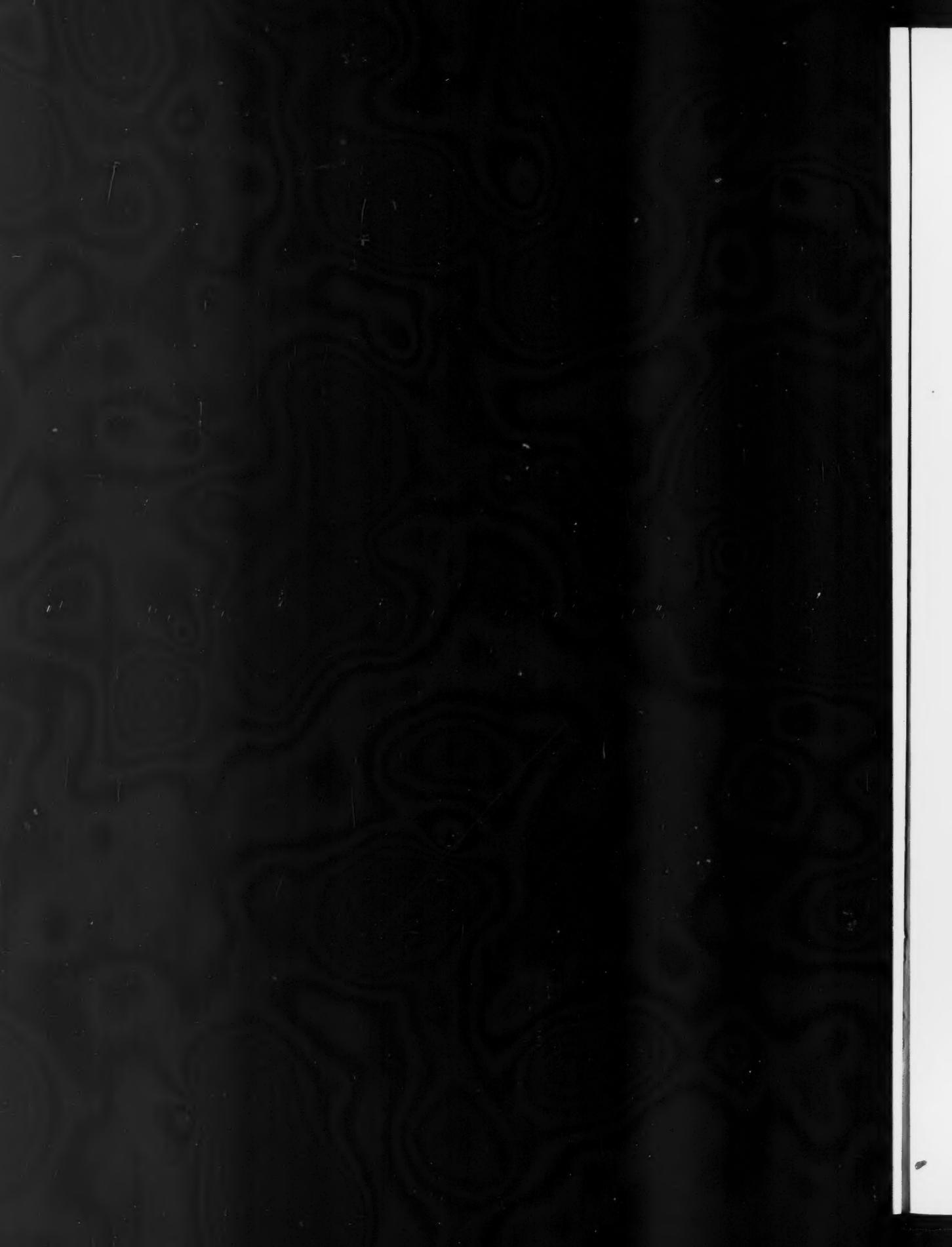
(k) To do all such other lawful things as are incidental or conducive to the above objects.

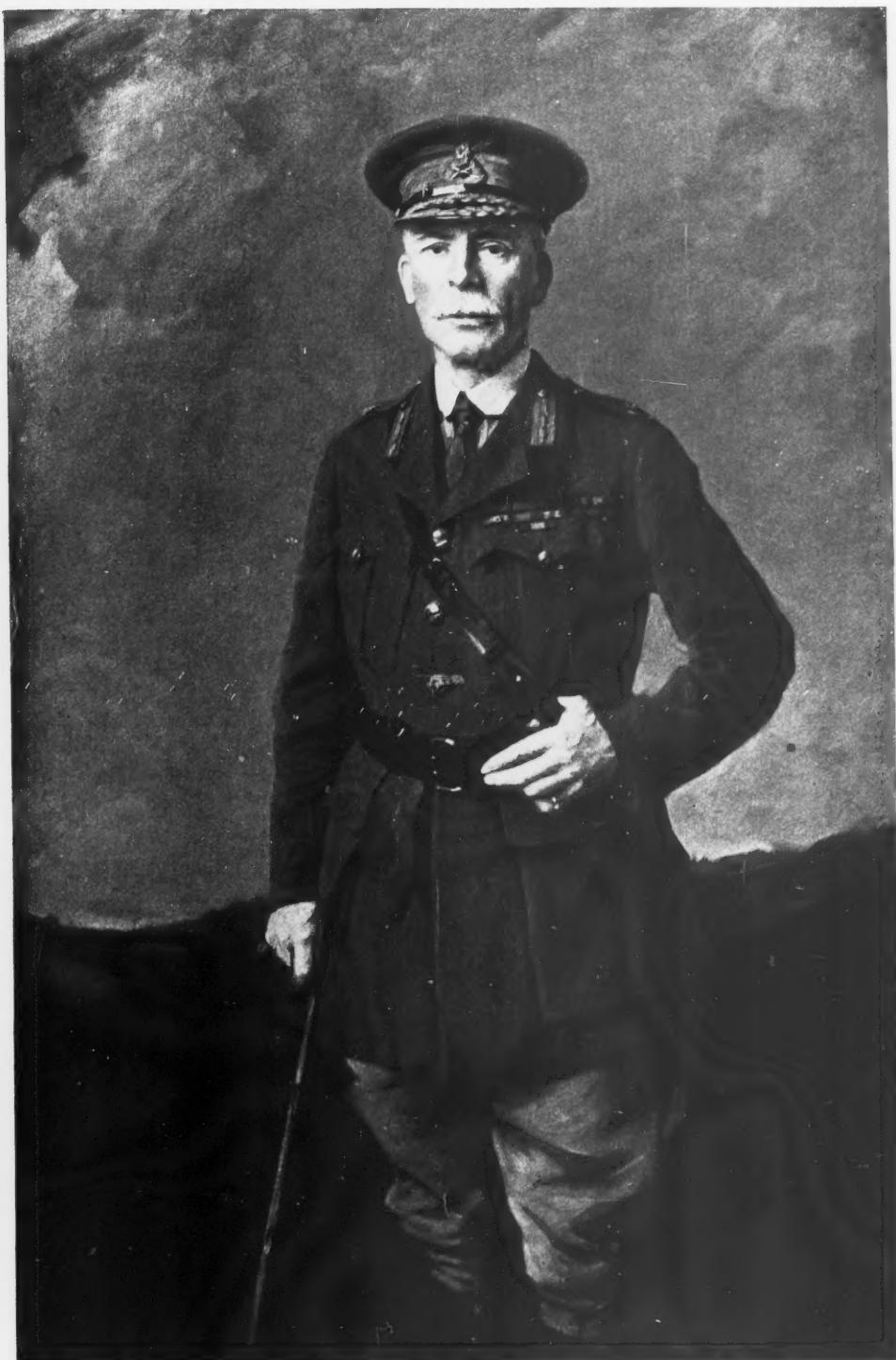
V. The Government of the College shall be vested in the following authorities :—

The President and Vice-President of the College, the Governors of the College (hereinafter called "the College Governors"), the Council, and the College Committee.

VI. The President of the College shall be the Head and Chief Officer of the College and shall be the person who from time to time holds office as Treasurer of St. Bartholomew's Hospital. The first President shall be Our Right Trusty and well Beloved William Mansfield, Viscount Sandhurst, G.C.S.I., G.C.I.E., G.C.V.O., and he shall hold office from the date of this Our Charter and for so long as he shall continue to be Treasurer of St. Bartholomew's Hospital.

VII. The Vice-President shall be one of the Medical Officers of St. Bartholomew's Hospital. The first Vice-President shall be Our trusty and well beloved Holburt Jacob Waring, M.S., M.B., F.R.C.S. He shall hold office for five years from the date of this Our Charter or until





SIR ANTHONY A. BOWLBY, K.C.B., K.C.M.G., K.C.V.O., D.S.M., P.R.C.S.



his previous death, resignation, or retirement from the Hospital Staff. His successors from time to time shall be elected by the College Committee hereinafter constituted, and each of them shall hold office for five years from the date of election or until his previous death, resignation or retirement from the Hospital Staff. The first Vice-President and any succeeding Vice-President going out of office by reason of the expiration of his term of office shall, if remaining one of the Medical Officers of the said Hospital, be eligible for re-election.

VIII. The College Governors shall be :

(1) The persons named in the First Schedule hereto.

(2) Such other Governors for the time being of St. Bartholomew's Hospital as shall from time to time be members of the House Committee of the said Hospital.

(3) Such other persons being Governors of the said Hospital as may from time to time be elected by the Governors of the said Hospital as hereinafter provided.

(4) Such other persons as may from time to time be elected by the College Governors in manner hereinafter provided.

(5) Every person being for the time being a member of the Council.

IX. (1) Every Governor of the said Hospital who is a College Governor by virtue of being a Governor of the said Hospital and a member of the House Committee of the said Hospital shall continue in office as a College Governor so long and so long only as he continues to be a Governor of the said Hospital and a member of the said Committee;

(2) The Governors of the said Hospital may from time to time in general meeting elect from among their own body other persons to be College Governors each of whom shall continue in office as a College Governor so long and so long only as he remains a Governor of the said Hospital;

(3) Every member of the Council shall continue in office as a College Governor so long and so long only as he remains a member of such Council;

(4) Each of the persons named in the First Schedule hereto and every person elected as a College Governor under any of the succeeding provisions of this clause, shall be entitled to continue in that office until he dies or resigns office;

(5) The College Governors may from time to time in general meeting elect other persons to be College Governors on the recommendation of any two College Governors;

(6) Every individual who shall have contributed to the College a donation of £500 or upwards, whether contributed in one sum or in instalments, shall by virtue thereof be eligible for the office of a College Governor;

(7) Every Corporate Body and every Association which shall have contributed to the College a donation of £500 or upwards, whether contributed in one sum or in instal-

ments, shall be entitled to nominate one person who shall be eligible for the office of a College Governor.

X. A general meeting of the College Governors shall be held at the Medical School of the College or within the Hospital precincts once in every year at such time as the Council (subject to any resolution of the College Governors in that behalf) may appoint. The above general meeting shall be called "The Annual General Meeting." All other general meetings shall be called "Special General Meetings." The Council may whenever they think fit, and shall, upon a requisition made in writing and signed by not less than six College Governors, convene a Special General Meeting.

XI. The College Governors in general meeting shall have power subject to the provisions of this Our Charter, to make, revoke, alter, or add to Statutes relating to the government of the College, the appointment and removal of Officers, the Teaching Staff and other persons employed in the College and any other matters whatsoever relating to its administration and management.

PROVIDED ALWAYS that, subject to the next succeeding clause hereof, no Statute or any such revocation, alteration or addition as aforesaid shall be repugnant to any of the provisions of this Our Charter or shall come into operation unless and until the same shall have been approved by Our Privy Council, and a certificate under the hand of the Clerk to Our Privy Council shall be conclusive evidence of such approval.

XII. The First Statutes of the College shall be those contained in the Third Schedule hereto, and it is hereby declared that the same are valid and shall remain in force unless and until they shall be altered by the College Governors in general meeting and such alterations shall have been approved by Our Privy Council.

XIII. There shall be a Council for the College (in this Our Charter called "the Council") to be constituted as follows:—

(1) The President, Vice-President, and Dean for the time being of the College, and the Warden of the Residential College for Students in St. Bartholomew's Hospital ex officio;

(2) Three College Governors being the persons named in the First part of the Second Schedule hereto and persons from time to time elected by and from among the College Governors to fill their places or the places of those appointed in their place as and when vacancies arise;

(3) Three persons to be elected from time to time by and from among the Governors of the said Hospital;

(4) Six members of the Medical Council of St. Bartholomew's Hospital (three of whom shall be Physicians and three Surgeons) to be elected from time to time by the Medical Council of the said Hospital,

by such mode of election as the Governors of the said Hospital shall from time to time prescribe ;

(5) The six persons named in the Second part of the Second Schedule hereto and persons from time to time elected by the College Committee from among the members of that body to fill their places or the places of those appointed in their place as and when vacancies arise ;

(6) Such number of persons not exceeding six at any one time as may from time to time be elected by the Council on the recommendation and as the representatives of public bodies making or giving donations or endowments to or for the College.

The duties and powers of the Council shall be as follows :—

(a) To conduct the general business of the College, to control and manage its real and personal property, to enter into contracts on behalf of the College, to direct and control the expenditure and finances of the College, to fix in conjunction with the College Committee the fees and charges payable by Students of the College, to appoint (after considering the recommendation of the College Committee) for such periods and on such terms as the Council may think fit and remove Professors, Lecturers, Demonstrators, Treasurers, Officers, Teachers, and Servants of the College, and to determine their respective duties, subject nevertheless to the provisions of this Our Charter and the Statutes for the time being in force thereunder, and to delegate the exercise of any specified powers coming within the scope of the foregoing powers to Committees consisting of one or more members of the Council ;

(b) To provide for the safe custody of the Common Seal of the College, which shall only be affixed to any instrument on the express resolution of the Council ;

(c) To present to the College Governors an Annual Report on the work and finances of the College, and all other matters affecting the interests of the College.

PROVIDED ALWAYS that the duties and powers aforesaid or any of them may at any time be extended, altered, restricted, enlarged, amended, varied, or abrogated by Statute of the College Governors duly made in General Meeting and approved by Our Privy Council as aforesaid.

Except as herein otherwise provided the mode of election and retirement of members of the Council, the period for which they are to hold office, the procedure of the Council and other matters relating thereto, shall from time to time be prescribed and regulated by the Statutes of the College.

XIV. The following persons shall constitute the College Committee, namely, the Medical Officers for the time being of St. Bartholomew's Hospital who are members of the Medical Council of the said Hospital and the Professors and Lecturers of the College for the time being. The powers and duties of the College Committee shall be as follows :—

(1) The College Committee shall, subject to the Statutes of the College, regulate the education and discipline of the College, and in particular—

(a) Fix, subject to the approval of the Council, the conditions of appointment and duties of Professors, Lecturers and Demonstrators, the hours of the lectures and classes, and the subjects of instruction ;

(b) Fix, subject to the approval of the Council, the time and conditions of competitions for scholarships and prizes ;

(c) Regulate the admission of students and the record of their work and attendance ;

(d) Suspend or dismiss any Student if in their discretion they shall think it necessary or expedient so to do ;

(2) The College Committee shall have power to co-opt any member of the teaching staff who is not an ex-officio member of the Committee ;

(3) The College Committee shall elect from among themselves future Vice-Presidents of the College and future members of the Council pursuant to Clauses VII. and XIII. (5) hereof and in accordance with the Statutes ;

(4) The College Committee shall consider and report to the Council upon the applications of candidates for election to the offices of Professors, Lecturers and Demonstrators, and shall recommend to the Council for election the persons they consider most suitable ;

(5) The College Committee shall have power to form sub-Committees or Boards of Studies ;

(6) The College Committee shall from time to time make reports to the Council on academic matters.

XV. No decision on any academic matter shall be made by the Council without first receiving a report from the College Committee thereon.

XVI. The income and property of the College, from whatsoever sources it may be derived, shall be applied solely towards the promotion of the objects of the College as set forth in this Our Charter, and no portion thereof shall be paid or transferred directly or indirectly by way of dividend or bonus or otherwise by way of profit to the persons who at any time are or have been College Governors or to any person claiming through any of them. Provided always that this Clause shall not affect the rights of remuneration to which members of the Teaching Staff who may be or have been College Governors would otherwise be entitled, and it shall not prevent the payment of proper remuneration to any College Governor for professional services.

XVII. There shall be an audit of all the Accounts of the College with a report as to its financial position made every year by professional Auditors to be appointed for that year by the College Governors at their Annual General Meeting.

XVIII. It shall be lawful for the Council, with the

sanction of two consecutive special general meetings of the College Governors called for the purpose, to surrender this Our Charter subject to the sanction of Us, Our heirs or successors, and upon such terms as We or they may consider fit, and to wind up or otherwise deal with the affairs of the College in such manner as shall be directed by such general meetings or in default of such directions as the Council shall think expedient having due regard to the liabilities of the College for the time being.

XIX. In this Our Charter words importing the Masculine Gender shall not include females except where such words have reference to College Governors.

XX. In this Our Charter the expressions "Governors of St. Bartholomew's Hospital," "the House Committee" of the said Hospital, and "the Warden of the Residential College for Students" in the said Hospital shall respectively mean and include the person or persons or bodies of persons who for the time being shall hold office in such respective capacities or capacities most nearly corresponding thereto under the Regulations now in force in relation to the said Hospital or under any other Regulations which may hereafter be lawfully substituted for the same.

XXI. Any Supplementary Charter granted by us, Our heirs or successors, whether repealing, amending or adding to the provisions of this Our Charter may be accepted by a general meeting of the College Governors specially called for the purpose and shall be valid and binding upon the College and all the members thereof if accepted by the votes of two-thirds of the College Governors present at such meeting.

XXII. And we do hereby further declare that when the College shall cease to be a College for the purposes aforesaid and the affairs thereof shall have been completely wound up and its debts and obligations fully discharged this Our Charter shall be absolutely void.

XXIII. And lastly, We do by these Presents for Us and Our successors grant and declare that these Our Letters Patent shall be in all things valid and effectual in law according to the true intent and meaning thereof, and shall be taken construed and adjudged in the most favourable and beneficial sense for the best advantage of the College as well in Our Courts of Record, as elsewhere by all judges, justices, officers, ministers, and other subjects whatsoever of Us and Our successors, any non-recital, mis-recital or other omission, defect or thing to the contrary notwithstanding.

IN WITNESS WHEREOF We have caused these Our Letters to be made Patent.

WITNESS OURSELF at Westminster, the twenty-sixth day of July in the Year of Our Lord 1921 and in the Twelfth Year of Our Reign.

BY WARRANT under the King's Sign Manual.

SCHUSTER.

[The names of the first Governors and of those gentlemen constituting the first Council will be found on page 24.]

PROFESSIONAL OPPORTUNITIES.

(1) THE ROYAL NAVAL MEDICAL SERVICE.

BY SURGEON REAR-ADmirAL SIR PERCY BASSETT-SMITH, K.C.B., C.M.G., F.R.C.P., F.R.C.S., R.N.

HE Naval Medical Service may be said to have started in the reign of Henry VIII. In 1526 we read that there were rumours of war, so the Company of Barber Surgeons were ordered "to provide sixteen of the best surgeons for His Majesty's Fleet." At this time they were pressed into the Service, for in a letter from the Navy Office to the Admiralty it states: "The Fleet now ready for sea; we have in accordance with ancient custom given orders to the Masters and Wardens of the Barber Company of Surgeons to press surgeons for all the ships of the first fleet." This was dated 1536. In the reign of Charles I there was a rise in pay, each surgeon receiving 30s. instead of 19s. 4d. per month. In 1692 pressing for surgeons ceased and the Company of Barber Surgeons appointed the naval medical officers. Up to 1704 surgeons were rated as common men, but in that year they were given a warrant, ranking them with pilots, gunners, carpenters, etc. Even then they were considered inferior, and only allowed to mess with the warrant officers as a favour. In 1808 surgeons attained wardroom rank—at least the senior surgeon did so, for assistant surgeons had to be content with hammocks and gun-room fare. This was a great grievance as their average age was 30. Up to this time the medical officer in a ship wore an ordinary frock-coat and a tall hat: how quaint this must have been in a ship of that date! Now, however, he was given a uniform and his status was regularised. In 1858 surgeons in ships were given better cabins and better mess accommodation, their pay being also raised, and in 1873 the title of assistant surgeon was abolished.

The Naval Medical Service now offers great inducements for young men; beyond the attraction of seeing the world, generally from a comfortable standpoint, which, since the war, has again become more possible, there is the great advantage of the social intercourse with men of various scientific attainments of a very high order. In the older days it was considered that a naval medical officer had no chance of keeping up his professional work. That is not so at the present day, for a zealous officer can always find work to do in any billet that he is appointed to, whether it is a submarine or a battleship. In the former the results of special atmospheric conditions, can be studied, and in the latter you may have 1000 or more men to deal with, and in 1913 the privilege was given for naval medical officers to carry out private practice in their spare time and thus increase their own knowledge.

Remember that the naval medical officer is practically

the medical officer of health of his unit and the duties of a medical officer of health have to be carried out. He must not only treat cases that require treatment, but, above all, it is his duty to keep the ship's company healthy by taking all possible and necessary preventive measures, and to give frequent lectures on hygiene to officers and men. This leads me to speak of the important fact that under the present *régime* every encouragement is given by the Medical Director-General to officers who wish to obtain higher or special qualifications, which, if obtained, throw open to them, or advances their chances for filling, special billets on shore, at home or abroad, such as naval health officers to various large ports, charge of laboratories, professorships at the R.N. College, and special hospital appointments.

The advantage of keeping the naval medical officer up-to-date and thoroughly efficient is fully recognised, and is met in every way possible by frequent courses of study, for in the naval hospitals and in ships he must be thoroughly competent. Specialists are not only required but are carefully selected and their work paid for. The special subjects are anaesthetics, X rays, ophthalmology, ear and throat diseases, pathology and bacteriology, genito-urinary and venereal diseases, besides which "physical training" is looked upon with great interest, as its importance in keeping a healthy ship's company is well recognised.

The present rates of pay for naval medical officers are :

	Per year.	Per day.
	£ s. d.	£ s. d.
Surgeon lieutenant	430 0 0	1 4 0
Ditto (after three years)	529 5 0	1 9 0
Surgeon lieutenant-commander	638 15 0	1 15 0
Ditto (after three years)	675 5 0	1 17 0
Surgeon commander	821 5 0	2 5 0
Ditto (after three years)	894 5 0	2 9 0
Ditto (after six years)	967 5 0	2 13 0
Ditto (after nine years)	1040 5 0	2 17 0
Surgeon captain	1180 5 0	3 5 0
Ditto (after three years)	1277 10 0	3 10 0
Ditto (after six years)	1368 15 0	3 15 0
Ditto (after nine years)	1400 0 0	4 0 0
Surgeon rear-admiral	1916 5 0	5 5 0

Messing both in ships and barracks is remarkably low in cost as compared with military messes.

Forty-six officers are allowed to draw specialist allowance in the subjects mentioned above if under the rank of surgeon captain and, if as surgeon commander, not appointed solely for that duty.

An extra 5s. a day is granted to the senior medical officer of a flag-ship flying the flag of the Commander-in-Chief, and 2s. 6d. a day to the senior medical officer of other flag-ships.

There is practically no half-pay now.

Lodging, provision, light and servant allowances are given under certain conditions.

The maximum retired pay is :

Surgeon rear-admiral (at 60), £1010 per annum; surgeon captain (at 55), £900; surgeon commander (at 50), £600; surgeon lieutenant-commander and surgeon lieutenant (at 45), £450. These amounts are all subject to income tax.

A very good chance is now given for entries for temporary service, this is for a period of three years, with the opportunity of stopping on for another year; or, in the first twelve months, for those who are eligible to be transferred to the permanent list of medical officers. The full pay is 2s. 6d. per day, and gratuities on discharge are provided for.

The advantages therefore are—a certain income with pension at a reasonable age; a comfortable life with pleasant surroundings and interesting companions; opportunity of seeing the world under very favourable conditions, and of studying tropical and other endemic diseases; a magnificent chance of sport of every kind, for after all a good athlete and games man is generally a healthy man, and from that point of view games are encouraged and the *esprit de corps* they produce valued.

From a professional point of view, when young, a short period in the service enables an officer to widen his ideas and to get valuable spade-work done in venereal and tropical diseases. If he elects to remain on, there are, as has been shown, a large number of specialised appointments to be had and heaps of work to be done, with opportunities of getting higher qualifications, medals and distinctions, so that the highest ranks may be attained by anyone who enters early.

There is little need to stagnate, for the kinds of work are so varied in the service. You may have a training ship for boys, training schools and colleges for boys and officers, where an enormous amount of public health work is possible and where clinical opportunities are great. You may be attached to Royal Marine or naval barracks dealing with many thousands of men and including practice among women and children. Then there are dockyard appointments, where accidents and general practice are most important, hospital work at home and abroad, with an abundance of operative work, and service in hospital ships, where much administrative ability and tact are required.

It is now possible for medical officers of ships to do much individual work in diagnosis and treatment, for microscopes and apparatus are supplied to the larger ships and a fair medical library is also given. The medical and surgical equipment of all ships is now in a high state of efficiency.

When serving on a foreign station you will, if you wish, always find work to be done; it is well to attend regularly at the civil hospitals, where soon your assistance will be welcomed and your professional knowledge largely increased. This is certainly the case in the far East and is found also on other stations; besides, there is the opportunity of a

little private practice. A psychological study of the effects of a disease on different races would make an interesting subject for research.

After nearly forty years' experience in the Naval Medical Service I heartily commend it as a profession for young men, and to those who join, let it be as soon as possible if you wish to get to the highest ranks. "Be zealous," do your duty, and more than your duty with all your might. "Never miss an opportunity," whether it be to visit an interesting place or to take a higher examination, and always have a hobby to interest yourself with.

For men of interest who have made their mark in the service I would mention Dr. Beattie with Nelson in the "Victory," Sir James Lind, Sir Gilbert Blane, and of recent years, Sir James Porter.

The record of the past war has shown how great are the opportunities found in a ship of war, and how ably our medical officers have risen to the occasion in all sorts of difficult positions, afloat and on shore, so that we look forward to the same zeal, courage, ability and naval patriotism in all who will in future join this great bulwark of the Empire.

ST. BARTHOLOMEW'S HOSPITAL RUGBY FOOTBALL CLUB.



HE phrase, "The war has changed everything," is somewhat hackneyed, nevertheless it is very true when applied to Hospital rugger.

As regards Bart.'s two changes are evident : the greatly improved standard of play, and the increasing interest taken by those connected with the Hospital and by the local inhabitants of Winchmore Hill in the fortunes of the Club.

If one compares the pre-war fixture list with the post-war one is struck by the improvement; but even with an improved fixture list, during the past two years the Club has succeeded in winning over 75 per cent. of its matches. The Club, however, is ambitious to achieve greater things, and with this object in view it was decided at the end of last season to erect stand accommodation on the Ground.

The Committee consider that if this can be carried out the following benefits will accrue :

(1) They will be able to arrange fixtures with the stronger provincial teams, and in consequence the 1st XV will have opportunities, which they now lack, of testing themselves before the cup matches.

(2) With the vocal encouragements of a crowd of supporters the individual members will play better.

(3) The Club supporters will be able to watch the match in comfort instead of standing in two inches of mud.

(4) The Club will be able eventually to contribute to the finances of the Students' Union.

The chief difficulty, however, remains to be surmounted — finance.

The Committee has therefore decided to borrow the necessary capital, £350, by means of an appeal to the generosity of the Hospital staff, old members of the Club and the students of the Hospital.

Circular letters have been sent to all the old members of the Club, but unfortunately there are many whose names and addresses cannot be obtained; to these the Committee now appeal through the columns of the JOURNAL. Estimating from last year's gate receipts they consider that they will be able to pay off the loan in two years. No interest will be paid on the loan.

It is requested that subscribers will forward their contributions to the Hon. Treasurer, Rugby Football Club. Cheques should be crossed "Lloyds Bank, Smithfield." It is hoped to have the stand completed before the matches against the Harlequins and Cambridge University in November.

The Committee wish to express their thanks to Sir A. Bowlby and Dr. Drysdale for allowing their names to be used in connection with the appeal.

THE TREATMENT OF THE COMMON GASTRO-INTESTINAL DISORDERS OF YOUNG CHILDREN.

By ROWLAND J. PERKINS, M.D.(Lond.), M.R.C.P.



HE subject-matter of this paper is based on experience gained in the routine treatment of outpatients for a period of approximately two years at the East London Hospital for Children. It is not pretended in any way that any new treatment has been practised, this being merely an account of the recognised and existing methods which I have found to answer best, and I am recording my experiences so that others may compare them with their own.

Perhaps the commonest form of intestinal disturbance met with in young children is gastro-enteritis, with symptoms of diarrhoea and vomiting, and a varying amount of wasting and collapse according to the severity of the above symptoms. A large proportion of these cases which I had to deal with had been artificially fed on one or other of the patent foods in common use; some had been fed on cow's milk; only a very small proportion had been breast-fed.

Treatment of these cases can be classified under two main headings : (1) Regulation of the diet; (2) administration of drugs with the object of (a) disinfection of the intestinal tract, (b) relief of irritation and quietening down the movements of the tract, (c) removal of excess of mucus.

Regulation of diet.—As a general rule if the child had been breast-fed up to the time of the illness the mother was told to continue the breast-feeding, and in no case was it found necessary to change entirely to artificial feeding. In some patients, however, where the supply of the mother's milk was poor, it was found necessary to supplement the breast-feeding by cow's milk in order that the child might have sufficient nourishment.

The majority of the cases, however, had been fed artificially from birth on one or other of the various brands of dried or condensed milk. In these cases cow's milk suitably diluted and prepared was recommended. The following table was taken as a guide to the amount of dilution usually found necessary, though of course each case varied, and some children could take the milk more concentrated than others of the same age.

Age.	Water.	Milk.
14 days	2·5 parts	1 part
1 month	2 "	1 "
2 months	3 "	2 parts
3 "	1 part	1 part
4 "	1 "	2 parts
5 "	1 "	3 "
6 "	Undiluted milk	

For dilution purposes water which had been previously boiled and allowed to cool was used.

To each fluid ounce of milk used in the preparation of the feed 1 gr. of sodium citrate was added, in order to reduce the bulk of the curd, which it does by forming a double salt with the calcium in the milk. The double salt does not produce free calcium ions. This can conveniently be supplied for out-patient use in the form of a solution containing 1 gr. of sodium citrate per drachm, the mother being told to add a teaspoonful of the liquid to two tablespoonfuls of milk. This solution does not keep longer than a week.

An improvised method of Pasteurisation was used to sterilise the milk as far as possible and this was found to answer well. It is the following.

The mother was told to put the milk as soon as it was obtained from the milkman into a clean bottle or earthenware jam-jar which had been previously washed out with boiling water. The vessel containing the milk is then put into a saucepan containing cold water and the whole put on the fire until the water boils. When the water has boiled for a few minutes the vessel containing the milk is removed from the saucepan and the milk in it allowed to cool. It is then ready to give to the child diluted according to the directions. By this method the milk reaches a temperature of about 80° F., which is sufficient to kill most of the micro-organisms contained in it, and the proteins and vitamine content are not changed to the same extent as if the milk is actually boiled.

Cow's milk has advantages as compared with the

various dried and condensed milks sold: firstly it is much cheaper, and secondly its vitamine content is much higher.

Now many object to the use of cow's milk on the score of the possibility of conveying tuberculosis. This danger undoubtedly exists, but I consider it much overrated, in view of the small proportion of children infected with bovine tuberculosis, as is shown by the work of Canti and others.

Although the bovine bacillus is common in the primary abdominal tuberculosis of children, in by far the larger proportion of tuberculosis in children the primary seat of infection is to be found in the chest; and Canti has shown that in the chest the earliest seat of infection is the lung, and that the glands of the mediastinum become secondarily infected from the lung. Hence it is probable that the majority of tuberculosis in children is air-borne rather than food-borne; and for this reason I decided to ignore the chances of infection with the tubercle bacillus through feeding with cow's milk, especially when the milk had been treated as described.

As regards the amount of the feeds the cases varied considerably. For a child about a month old I was wont to commence with 2 oz. of the mixture. As a rule I found small quantities with small intervals between answer best.

Drug treatment.—As regards drug treatment, in a certain number of cases gastro-intestinal disinfection was attempted with the old, well-tried hydrarg. c. cret. This was prescribed in the case of a child æt. 3 months in doses of $\frac{1}{4}$ gr. night and morning. I am inclined to think, however, that I obtained better results with the following prescription :

R	Calomel	gr. $\frac{1}{8}$
	β-naphthol	gr. $\frac{1}{2}$
	Sacch. lact. ad	gr. v

Ft. pulv. S.: One powder to be taken three times daily.

Later this was used in the form of compressed tablets to simplify dispensing, the tablet being crushed and administered to the child in a little milk. Of late I have been in the habit of adding to the above a grain of pulv. crete aromat., and I am of the opinion that some improvement has been effected.

In cases where fever had been present and the diarrhoea had not been very severe, I found good results were obtained by commencing treatment with an aperient such as the following: half a teaspoonful each of olive oil and castor oil, the single dose given being administered at the dispensary to make certain that the child had it, since some women seemed extraordinarily reluctant to give their infants oil of any description.

In cases where there was profuse diarrhoea with very watery stools an astringent and an intestinal sedative were used, and good results were obtained from the use of the following :

℞ Salol	gr. iss
Bismuthi oxycarb.	gr. j
Tr. opii	ml $\frac{1}{6}$
Tr. hyoscyami	ml v
Glycerini	ml x
Aq. anethi ad	5j

Ft. mist. *Sig.* : One teaspoonful three times daily.

This formula is suitable for a child of about 8 to 10 months old.

In cases in which evidence of considerable quantity of mucus in the stools was obtained from the mother's statement that the child passed large quantities of slime, and in a few cases in which the presence of this was actually verified by an inspection of the stool, sodium bicarbonate was found to be of considerable benefit. Since those cases which had a great quantity of mucus in the stool seemed always to be the cases with abdominal distension from flatulence the bicarbonate of soda was usually combined with some carminative.

These cases were usually rather refractory to treatment; and though it was usually comparatively easy to get rid of the flatulence the mucus in the stools continued for some time, and a considerable period usually elapsed before the child began to pick up and gain in weight.

In some of these cases good results were obtained with the use of a prescription such as the following:

℞ Sod. bicarb.	gr. iij
Tr. carminativa (B.P.C.)	ml j
Sp. ammon. aromat.	ml j
Aq. anethi ad	5j

Ft. mist. *Sig.* : 5j t.d.s.

For a child about 12 months old.

In others the Bart.'s haustulus izaal co. was beneficial, and still others improved on substituting creosote for the izaal in haustulus izaal co.

That some of these cases may have been due to fat-soluble vitaminic deficiency seems to be indicated by the fact that marked improvement was obtained after the failure of other methods when the child was put on cod-liver oil. This seemed to be remarkably well tolerated by most of the patients, even those with occasional vomiting. It was given in emulsion as follows:

℞ Ol. morrhui	ml x
Mucilag. acaciae	ml xv
Glycerini	ml v
Aq. anethi ad	5j

Ft. mist. *Sig.* : 5j t.d.s.

For a child æt. 6 months.

In some cases the dose of cod-liver oil could be increased to 15 minims or half a drachm.

The more severe cases, namely those in which there was collapse, and those showing marked loss of fluid as evidenced by a drawn expression and wrinkled dry skin, low temperature and depressed fontanelle, were admitted

immediately, and so ceased to be under my care as outpatients. Some of the cases, however, were very severe, and many which should have been admitted had to be treated as out-patients owing to lack of in-patient accommodation.

Of the total number of cases seen and treated by the above methods as out-patients (about 60), not one had subsequently to be admitted for in-patient treatment.

In children of about eighteen months to two years of age the gastro-enteritis was found frequently to be associated with symptoms of rickets. In these cases, whatever the other forms of treatment, cod-liver oil was commenced as early as possible, in addition, in order to supply the anti-rachitic vitamine supposed to be contained therein.

Constipation, though not so common as diarrhoea and vomiting, is none the less a very common gastro-intestinal disorder of infancy. It is frequently associated with marasmus, flatulence and screaming fits due to colic. Further I found it fairly common in breast-fed infants. Where it occurred in these it is probable that it was due, at any rate in some cases, to poverty of the mother's milk, and hence insufficient food entering the alimentary canal; since it tended to improve when the breast-feeding was supplemented by feeding with cow's milk.

For treatment a few flakes of manna added to each of the cow's-milk feeds was very useful in the milder cases.

In the average case I found it useful to commence with a mild aperient mixture such as the following:

℞ Syrup sennae	ml x
Tr. nuc. vom.	ml ss
Tr. hyoscyami	ml v
Aq. anethi ad	5j

S. : 5j t.d.s. For a child 2 to 3 months old.

In cases where the indication of constipation was the mother's complaint that the child screamed when it passed its motion and that the stools were very "lumpy," the following formula was frequently successful:

℞ Hydrarg. c. cret.	gr. $\frac{1}{4}$
Pulv. rhei co.	gr. ij
Sodi bicarb.	gr. ij

Ft. pulv. *S.* : One powder three times a day.

For other cases in which the constipation was worse use was made of a formula such as the following, which was used in the case of children æt. 4 months.

℞ Sodi sulph.	gr. vij
Syrup sennae	ml vij
Glycerini	ml v
Aq. anethi ad	5j

Sig. : t.d.s.

This did not prove sufficient in one of the cases, and so tinct. aloes ml iv and tinct. nuc. vom. ml j were added, and finally tinct. podophyli ml $\frac{1}{4}$. Then normal motions were obtained.

Tinct. podophyli in small doses up to 1 minim were found to be of very great use in the more obstinate cases. Also

in the more severe cases it was found to be beneficial to commence treatment with 5j to 5iss. of castor oil, and then follow this up with an aperient mixture three times daily for a few days.

In all cases of aperient preparations it was found that the best and most permanent results were obtained by continuing the drug for a few days when the desired effect had been obtained and then gradually reducing its quantity. An effectual way of doing this was found to be as follows: The mixture, which had previously been given thrice daily, was given twice daily for a few days, then once daily for a few days, then continued for a week or ten days every other morning, and finally discontinued. In this way it was found that in many of the cases the bowel could be gradually educated to perform its functions properly and without aid.

One fact which was very evident was the marked difference in the ways in which infants of the same age and build reacted to aperients. In some it was very easy to obtain a good action of the bowels with a small dose of aperient drug; in others it was necessary to give comparatively large doses of powerful purges.

The best index of the success or otherwise of treatment, whether for constipation or for gastro-enteritis, was found to be the weight of the child. A gradual increase in weight was in practically all cases coincident with improvement in the general condition and abatement of the symptoms.

In no case of gastro-enteritis was there any marked improvement in the weight so long as the diarrhoea and vomiting persisted to any extent. On the other hand, however, in a few cases slight gradual increase of weight occurred under treatment in spite of the persistence to some degree of the constipation.

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A NOTE ON THE OPERATIVE TREATMENT OF FRACTURES OF THE NECK OF THE FEMUR.

By E. GERALD STANLEY, M.S.(Lond.), F.R.C.S.(Eng.),
M.D.(Paris).

 In recent years, owing to the fact that attention was concentrated on traumatic surgery, great progress has been made in the study of shock, thoracic surgery, and the treatment of fractures: the progress made in the last has been the greatest. Not only has

our knowledge of the treatment of broken bones advanced the furthest, but the advance has been eminently practical.

Fractures are still of every-day occurrence, and there is no doubt but that, even at the present moment, their efficient treatment is in the hands of a few specially skilled persons.

The late C. B. Lockwood, full of worldly wisdom and that cynicism given only to those of imagination, advised his pupils, when practising their art, to "send all cases of fracture to the rival round the corner." He was right then, and there is nothing to falsify his advice now.

Sir Anthony Bowlby, speaking thirteen years ago, and quoting, if my memory serves me right, Clinton Dent, stated that every member of the Metropolitan Police Force who suffered that sinister fracture, Pott's, or its evil brother, Dupuytren's, was invalidated from the force for life.

What the Surgeon to this body would say now I don't know, but I imagine the results might be a little better.

I do know that at the moment of speaking (thirteen years ago) Bowlby's results and those of his pupils were unquestionably better than the best average of others, and why? Because a re-reduction of the displacement was carried out again and again, if necessary, till the operator was satisfied, and the results judged by contemporary standards were not bad, in spite of the fact that our present knowledge tells us that in most of these cases Nature is quite unable, unaided, to reform that essential mortice for the astragalus, in spite of the fact that we now know all about that thin vertical plate of bone quite often wrenched from the back of the tibia—a plate of bone so small, so insignificant, that it has hidden itself beneath the tibio-fibular ligament till to-day, but not too small to render its possessor a cripple for life.

We now know that most cases of Pott's fracture, Dupuytren's fracture and their varieties cry for a reconstruction operation, and if this cry is not heard it will be reinforced by another cry—that of the patient himself and for the same purpose, for patients are very wise in modern surgery nowadays.

We now know a great deal about the biology of bone, thanks to the incessant, laborious and painstaking work of a host of experimentalists: we are fairly well acquainted with the periosteum, and see now the disadvantages of Lane's and others' metal plates.

We have progressed a long way since Lane and others opened the arena to the operative treatment of fractures by such means; they are now largely superseded by others.

This is not a review of the history of bone-surgery, so to the point.

There remains a type of fracture completely disabling, responsible for a high mortality, so badly treated that often and again no treatment whatever is instituted, infinitely worse in its results than the dreaded Pott's, now treated by mechanical operative means, not one fracture, but many

fractures, infinite in its varieties—*fractures of and adjacent to the neck of the femur.*

The only treatment for these fractures is by operation, because, in at least 80 per cent. of cases, Nature fails, or produces a result totally unworthy of her. The results of these fractures are well known.

The aged and advanced in years have the following selection to choose from: Death from pneumonia; death from bed-sores, sepsis and exhaustion; death for no special reason, for these patients just die or "fade away" after such a fracture; or finally a short life, bed-ridden and helpless, a burden to their friends, and an expense to the State.

The middle-aged and a little older, nothing worse occurring, will get out of bed with a pseudarthrosis, cripples for life or with non-union.

Some lucky persons will heal their broken bone, well impacted, with a considerable amount of shortening, an incapacitating limp, and their wage-earning capacity reduced up to 100 per cent., or if rich and idle they even may not be able to dance. Those truly favoured by the gods will recover with impaction and little shortening, and I have seen a man who had fractured and impacted his femoral neck between his condyles without knowing that he had a fracture; he could work immediately after his accident, and not one of the classical signs of fracture was present. Added to this list of misery is the fact that surgeons of experience have recorded gangrene of the leg and injury to the crural nerve (rare, but special to this fracture).

Has surgical imagination travelled far enough, has the progress of bone surgery advanced sufficiently far to do for these fractures what already has been done for fractures around the ankle-joint?

Yes—but recently. I propose to describe for those who may be interested, and who do not already know all about it, Prof. Delbet's work on these fractures, dating from 1919.

The aim and object of his treatment is the early mobilisation not only of the hip-joint and the thigh but also of the patient himself, and these desired results are obtained by screwing the head and neck to the trochanter and diaphysis of the femur. Finding that the correct introduction of a screw from the trochanter along the neck into the head was a blind and hazardous affair, Delbet devised a most ingenious "guide" which imparts to the screw the precise and exact direction automatically.

A previous X-ray and screen examination determines the traction weight necessary to effect complete reduction, the amount of limb abduction to correct displacement, and lastly, the length of screw, so long as just to penetrate into the harder bony tissue of the head of the femur.

A screw of dead beef-bone is used preserved in alcohol in preference to living fibular grafts, as first used by Delbet. The operation may be performed easily with novocaine anaesthesia (a great advantage in elderly patients) if the sensitiveness of the periosteum is not forgotten.

The patient anaesthetised and reduction effected following previous X-ray examination, a preliminary placing of the "guide" is effected by placing its "pointer" on the pulsations of the femoral artery at the inguinal ligament; this gives a definite "lie" to the "guide." The skin is now marked at the point of contact. A straight vertical incision is carried through this mark down to the bone, the periosteum over the base of the trochanter incised for 2 cm., and all bleeding arrested.

The sterilised "guide" is now advanced into the wound, the "pointer" on the artery and the end of the reception gutter for the screw touching the bone. The thigh is steadied by one assistant, the "guide" by another, its base resting firmly on the operating table and its screw "gutter" pointing inwards, upwards and slightly forwards.

A drill is now chosen bearing exactly the same thread as the bone-screw but one size smaller. It is placed in the "gutter" of the "guide," and all that remains is to screw it home to the length previously calculated from the X-ray examination. Its direction is automatically controlled by the "gutter." The drill is replaced in the "gutter" by the bone-screw of determined length and the latter gently screwed home. It is easy to feel the thread being gripped by the harder bone in the external part of the diaphysis and in the head. The incised periosteum is now carefully closed by two or three catgut sutures, the fascia in its turn, and lastly, the skin, and the patient returned to bed with the thigh in abduction extension, or better still, in a bi-valve plaster prepared beforehand.

I have attempted no detailed description of Delbet's "guide," because an account of an instrument without illustration is unconvincing and waste of valuable space. I have no line drawings or blocks to hand.

One point of criticism. From my experience with bone-plates and other recent fractures I should substitute a steel screw for the bone, the former being able to bear the weight of the body without risk of breaking. In this I am in agreement with Basset, who has had a large experience in the operative treatment of these cases.

In conclusion, it will be seen that in theory Delbet's operation of screwing the head and neck to the diaphysis of the femur—

(1) Is a life-saving operation. The patient is enabled to walk with crutches in a bi-valve plaster immediately.

(2) Attains a correct anatomical alignment and position without shortening.

(3) Is applicable not only to recent fractures of the neck, but also pseudarthrosis or non-union following incorrect treatment of these fractures.

(4) Does not open the hip-joint.

(5) Is moderately easy of performance and can be done with local anaesthesia.

Practice fully substantiates theory.

A good deal more could be written on this operation;

results could be given, the technique and special instruments described in detail, the fate of the bone-screws in the living bone, etc., but this short communication is to stimulate interest in an operation which I am certain is as great an advance in the treatment of fractures about the neck of the femur as operative treatment was in fractures about the ankle-joint.

Those interested will find an excellent article by Basset, "L'enchevilement sans arthrotomie des fractures du col du fémur méthode du Professeur Delbet," *Journ. de Chirurgie*, 1921, xvii, 8.

PARIS;
July, 1921.

A CASE OF CONGENITAL ANGIOMA OF THE PIA MATER.*

By R. T. BANNISTER.



T—, a boy, æt. 7, was admitted to Kenton Ward on July 14th, 1921, on account of a lump on the right side of his head.

At birth a swelling rather less than an inch in length was observed by his parents in his right temporal region.

From the age of 12 months he had fits regularly every three months. In these he became unconscious and his hands and sometimes also his mouth twitched. His mother did not think that the movements were more marked on one side than on the other, or that they began earlier on either side. He had also headaches, apparently of great severity.

At school his intelligence was found so much below that usual at his age that he was transferred to a school for defectives.

At six years old he was taken to the East London Hospital for Children, where he was seen by Mr. Acton Davis, and, at his request, by Mr. Rawling.

At this stage he was a well-nourished child, healthy in other respects but with an asymmetrical face and head, the right side of the face being appreciably smaller than the left. The tumour was a smooth hard swelling continuous with the skull and quite unattached to the skin. The fundi were normal. Mr. Rawling operated to explore, and, if possible, remove the tumour.

The bone, which was found to be very thin, was removed for an area 2 in. by $\frac{3}{4}$ in. over the swelling. The dura did not bulge appreciably. When it was incised, a little blood-stained fluid escaped. The tumour was found to consist of oedematous pia mater, in which were many dilated vessels. The dura was sutured and the skin flap replaced. Just after the operation pulsation of the right eyeball was noted, and the right side of the face was somewhat swollen.

* For his kind permission to publish this case I am indebted to Mr. Bathe Rawling.

From this operation the child made an uninterrupted recovery, and after it his headaches and fits ceased, while his teachers thought him to be becoming brighter.

About June 10th, 1921 however, he came in from play saying that he was tired, and had one of his old fits. He was brought to this Hospital and admitted on July 14th. He was shown at consultations, but differing opinions were expressed as to the advisability of further operation. It was suggested, however, that the vessels might perhaps be controlled with silver clips and the tumour thus prevented from increasing, or at any rate retarded in its development.

The tumour was now an oval swelling 4 in. by 2 in. lying below the superior temporal crest. In the centre it pulsated visibly. Here an oblong deficiency in the bone could be felt, the bony edges being everted by the pressure of the tumour. The child did not seem ill.

Red blood-corpuscles, 5,320,000; white blood-corpuscles, 14,400; haemoglobin, 70 per cent.; colour index, '68.

The tumour was explored a second time by Mr. Rawling on August 4th.

An incision was made over the swelling in a curve convex downwards. It extended from the tip of the right ear to $\frac{1}{2}$ in. above the outer canthus of the right eye. It did not bleed unusually freely. On reflection of the skin flap the thinned and aponeurotic-looking temporalis muscle was exposed, and incised all round the margins of the gap in the bone. It was raised from the dura in the posterior part of the area, and the bony edges were further cut away with bone-nibbling forceps.

The pia arachnoid thus exposed was full of large tortuous thin-walled bluish veins running more and more together anteriorly, until they seemed to form blood-spaces. Between these vessels the membrane was oedematous; on pressure it sank down and became crumpled and corrugated. The condition was not circumscribed, but extended forwards over the frontal lobes apparently to the middle line.

Two of these dilated veins were injured and bled in a steadily projected stream for some time. Little square pieces of muscle, cut from the reflected part of the temporalis, were flattened out and pressed on to the bleeding points. In this way the haemorrhage was eventually controlled.

As the condition was obviously too wide-spread to benefit by further surgical interference, the flap was now replaced over a finger-stall for drainage and sutured with salmon-gut.

It was now found that, as after the earlier operation, the right eyeball was pulsating. The next day this sign had gone again. The boy was sleepy, but in no pain. From 103° F. at 10.30 a.m. on the day after the operation the temperature fell to 98° F. in 24 hours, and from then on up to the present his condition has been quite satisfactory.

His blood-pressure is 88 systolic, 78 diastolic; his urine is normal.

Although unintelligent, he is a cheerful and not unlikeable child.

CYCLICAL IRREGULARITIES.

By SIR PORC DE RÔDE, A.A., M.U.

HE following notes are intended rather as a general survey of a few interesting—nay, instructive—pathological conditions than as a catalogue of the writer's personal experiences in practice. It must, however, of course, be remembered that either in his consulting capacity or in his hospital routine he has often been brought face to face with them all.

These disorders are so multifarious, their onset is frequently so insidious, their complications so baffling, that classification is beset with innumerable difficulties for the unvary. It is hoped that the following *r  sum  * may be of service to the puzzled practitioner. The writer prefers to group these pathological entities under the four following heads:

- I. Structural defects.
- II. Defects of function.
- III. Circulatory disturbances.
- IV. Excretory diseases.

I. STRUCTURAL DEFECTS.

(a) *Lesions of the Intestino-respiratory Tract.*

The continued accumulation of flatus within the intestinal tract has resulted phylogenetically in a somewhat paradoxical arrangement. This is the fusion with one another for economical purposes of the systems of respiration and digestion. Yet, by an unfortunate prank of Nature, the tubes concerned are by their lowly position peculiarly liable to acute traumatic disorders. The incidence is higher upon the fore-* than upon the hind-gut.† The common causes of such accidents are tacks, thorns and nails. These may all or any of them lacerate the outer layer of Palmer and Michelin, and may or may not cause secondary rupture of the internal elastic lamina of Dunlop. This emergency may be accompanied by the faintest respiratory murmur or by a startling explosion. The event may be followed by ejaculations on the part of the rider. Coprolalia is recorded.

(b) *Cataclysmal Disruption.*

This, in order of frequency, is the next common cause of gross structural defect. *  tiological factors are a face-to-face encounter, usually in mid-chorea, between two coalescing velocipedes; or between a velocipede on the one hand and a pi  ce de resistance, stationary or motile, upon the other. Common sequel   are karyokinetic figures, fragmentation and collapse. Around the area of disturbance there is an acute inflammatory reaction. The constituents of this are bobbymorphs in small numbers, 'eresascene-ophiles, and*

* Or anterocele.

† Or preposterocele.

gazophiles in fair numbers, while nasticites and cryelloblasts fill the interstices. Sir Taffy Clayton insists upon an occasional alcoholic factor in the aetiology of the condition. Complications are telescopic impaction, and the strawberry ice phenomenon (the earliest recorded example of which is probably that observed and immortalised by Milton in the poignant lines :

"Oh, Mummy darling, what is that, that looks like strawberry jam?"
"Hush, hush, my dear, it is Papa, run over by a tram!"

II. DEFECTS OF FUNCTION.

(a) *Total or Subtotal Paralysis.*

To obviate this condition certain precautions are necessary. Vigorous shakings from side to side will elicit the Hippocratic succussion splash. This is diagnostic of the presence, in the c  lome, of the nutrient fluid of Shell and Pratt. Inspection of the vitreous cisterna should reveal the flow of oleaginous lymph, as it passes from the Receptaculum Gargoylii to lubricate the articular surfaces of the pericranial cavity. The rhythmic explosive powers normally inherent in the pace-making node of Lodge and Sphinx should be determined by gently palpating the surface marking of this organ. A sharp but not unpleasant shock will prove normal impulse formation.

(b) *Cyclasthenia Gravis.*

The diagnosis can only be made by exclusion. Symptomatic treatment affords only temporary relief, during which time sale or exchange should be rapidly effected.

III. CIRCULATORY DISTURBANCES.

The commonest valvular disease is regurgitation. The characteristic feature is a sickening systolic bruit conducted to the anterior mud-guard. Valvular disease, however, is trifling compared with disorders of the piston, for upon the integrity of the piston the motile life of the velocipede depends. The usual piston disorders are :

(a) Hyperpyrexia : This is diagnosed by the metallic tinkle of Nock and Konc.

(b) Seizure : This is thought by some to be due to deficiency of the vitamine, oil-soluble T.T.

(c) Fibrillation : It is now proved that this condition is due to circus movement in the crank case. The refractory period is prolonged.

IV. EXCRETORY DISEASES.

The excretory disorder of greatest importance is ura  mia. This is invariably due to obstructive carbonicosis of the exhaust. Signs suggestive of threatening ura  mia are the *bruit du diable*, post-tussive suction, and stridor. As palliative treatment, resort can be made to the cut-out.

The following minor maladies are mentioned merely to be dismissed : the Claudel-Hobson syndrome ; cast-iron induration of the sella turcica, which may be followed by

the development of piles, strangury, and multiple bursæ in the rider; scoliosis of the saddle, or Brook's complex; and last, but not least, haematoxylorrhinia and dengue. Floodings are physiological.

CHRISTIAN UNION.



THE Christian Union will hold a Social in the Library on Friday, October 7th.

T. P. Dunhill, Esq., C.M.G., M.D., Ch.B.(Melb.), and W. H. Hurtley, Esq., D.Sc., will address the meeting. Tea will be served at 5 p.m.

STUDENTS' UNION.

There are many uncertainties in this world, but for those who have just started at the Hospital the following points may be taken for granted :

- (a) That they have interviewed the Dean and paid their fees.
- (b) That they have paid their subscription to the amalgamated clubs.
- (c) That they have met "Bridle."
- (d) And that he has shown them the "Abernethian" or Reading Room of the Students' Union.

Many, however, may wish to know a little more of the Students' Union, of which they have automatically become members on registering as a medical student.

Its objects are—

- (a) The promotion of social intercourse and unity of interest among its members.
- (b) The incorporation of the various Hospital clubs and societies.

The constituent institutions are numerous, and should provide every new member with an opportunity not only to enjoy those recreations which he likes best, but at the same time to assist the Hospital in providing the best possible teams for the Inter-Hospital contests, on the results of which the athletic reputation of the Hospital largely depends.

In order to let Freshmen meet the captains and secretaries of the various clubs an informal tea is arranged early in October, so that men may get to know those responsible for running the particular branch of sport in which they are interested. The Hospital ground is close to Winchmore Hill Station on the G.N.R., or is easily reached by bus and tram. All members are urged to make full use of the ground for practice, and if they themselves are not playing they can do much by turning up at matches and giving the team their support from the touch-line.

It is not the brilliant efforts of a few but the determined co-operation of all those who have just joined the Hospital that is needed to make the recreational side of Hospital life a success.

RUGBY FOOTBALL CLUB.

At a General Meeting held last March the following Officers were elected for 1921-22.

President : Dr. DRYSDALE.

Vice-Presidents : Mr. GIRLING BALL, Mr. JUST, Dr. MACPHAIL, Mr. VICK.

Captain : S. ORCHARD.

Vice-Captain : A. E. BEITH.

Hon. Secretary : A. B. COOPER.

Hon. Treasurer : N. G. THOMSON.

Captain, 2nd XV : H. J. HENDLEY.

Hon. Secretary, 2nd XV : D. J. F. STEVENS.

Hon. Secretary, 3rd XV : T. B. THOMAS.

Committee Men : G. W. C. PARKER, T. P. WILLIAMS.

The first match takes place at Winchmore Hill on October 1st, *versus* Old Alleynians.

The fixture list includes United Services, Portsmouth, Cardiff, all away; Harlequins at home on November 12th, Bristol, Cambridge University at home on November 30th.

In the first round of the Inter-Hospital Cup-ties we meet Charing Cross Hospital.

ASSOCIATION FOOTBALL CLUB.

Although, of course, it is still too early to forecast whether the Soccer Club is likely to have a successful season or no, it is not too early to say that among the younger students, at any rate, nothing will be wanting for lack of enthusiasm.

Naturally we are hoping that we shall be successful in winning the Inter-Hospital Cup, and thus go one better than last season, when we were defeated in the final round itself. The personnel of the team itself may not be materially changed, although the defence will be decidedly weakened by the absence of Dr. Braun.

The second team, who, it will be remembered, won the Junior Inter-Hospital Cup last season, should be as strong as ever, although it is very doubtful whether the recently qualified members of the team will be able to "turn out." However, we are hoping that their places will be adequately filled by newly discovered talent from the ranks of the freshmen and others.

The fixtures include H.A.C., R.M.C. (Sandhurst), R.M.A. (Woolwich), Old Carthusians, Old Citizens, Old Malvernians, Old Westminsters, etc.

CORRESPONDENCE.

ETHANESAL.

To the Editor of the 'St. Bartholomew's Hospital Journal.'

SIR,—In a series of over 100 private dental cases I have used ethanesal preceded by nitrous oxide, and am convinced of its superiority over the ordinary ether which for many years I have used. In all the cases the "Clover" inhaler was utilised. The following I consider are the chief points for advocating ethanesal :

Advantages to the Patient :

- (1) Nausea is reduced to a minimum, 90 per cent. not vomiting at all, and in those who did vomit the cause I consider was due to blood being swallowed.
- (2) The other unpleasant after-effects are not complained of.
- (3) Persons who had previously had ether declared that ether had not been given them when ethanesal was administered, owing to absence of taste of ether.

Advantages to the Dental Surgeon :

- (1) The patient very quickly comes round, and readily responds to what is said.
- (2) The patient is not long kept lying down afterwards, and thus needs little attention, the majority wishing to leave under a quarter of an hour.
- (3) The absence of ether smell in the surgery makes it much more pleasant for those who have to follow.
- (4) Time is saved, and the dentist is able to get through more anaesthetic cases or other requirements.
- (5) Salivation is less.

Advantages to the Doctor :

- (1) All the foregoing points are distinct advantages to the anaesthetist, viz. the saving of time.
- (2) The safety of the anaesthetic. Persons who had morbus cordis took ethanesal well.
- (3) Deeper anaesthesia is produced earlier than one expects to find, even corneal reflexes being present, and slight movement takes place, but teeth can be extracted then without any feeling of pain. Also I find a definite state of analgesia is present when apparently the patient is around from the anaesthetic, when several more teeth may be extracted, yet no pain is felt.
- (4) The colour of the patient remains better than with ordinary ether.

Many were surprised at not vomiting as they did when they had ordinary ether. One lady remarked, "You know, doctor, I was not sick after the ether, because I'm a vegetarian"; to which the reply promptly was given, "No, madam, it is the new ether."

With regard to ethanesal in general surgery I have used it in a number of cases, and I find it acts in the "Clover" inhaler with just as good results, deep anaesthesia with absolute relaxation of muscles

being easily maintained. Absence of vomiting was marked, except in one case of gall-stones, when vomiting persisted for over 1½ hours. One old lady, æt. 72, who was blanched through acute haematuria due to a malignant kidney, and whose pulse was in a poor condition, had the kidney removed, and she made an uneventful recovery, with no vomiting nor any after-effects whatever.

The above experiences justify me using ethanesal in preference to ordinary ether.

S. VOSPER,
Late Capt. R.A.M.C.

PLYMOUTH.

REVIEWS.

A MANUAL OF OPERATIVE SURGERY. By J. FAIRBAIRN BINNIE, A.M., C.M.(Aberd.). Eighth Edition. (H. K. Lewis & Co., Ltd.) Pp. 1311 + xvii. Illustrations 1628. Price £3 3s.

This monumental work is written for one special purpose: "The constant endeavour has been to give aid to the surgeon when he is in trouble, hence much greater space has been devoted to some rather rare operations than to many of far greater everyday importance which ought to be familiar to everyone." We believe that the author has succeeded in his aim, for the operations are clearly described in "steps," so that the surgeon, reading these descriptions, has a very clear and ordered grasp of the details of the operation to be performed. But naturally the very success of the undertaking makes this great book of chief value to the surgeon himself, next to the candidate for higher surgical diplomas, and of comparatively small use to the student, save as a very valuable work of reference.

The chief alterations in the present edition are the revision of much of the article on war-surgery and much new matter on thoracic, abdominal and plastic surgery. The format of the book is good, but we think that the illustrations, though copious, might be much improved. The American spelling is used throughout the book.

Binnie's Operative Surgery has always had a great name. We believe that the present edition maintains its reputation and is probably the best one-volume book now published on the subject.

GUY'S HOSPITAL REPORTS, January, April and July, 1921. (London: Henry Frowde & Hodder & Stoughton.) Issued quarterly. Single numbers 12s. 6d. net.

With characteristic energy our friend and rival Guy's Hospital has begun to publish a new series of her "Reports." We welcome them as being a sign of complete recovery from war conditions. The January number contains articles, amongst others, on "Richard Bright," by Sir William Hale-White, "Intravenous Quinine in Malaria," "Ulcerative Colitis," "Studies in Gastric Secretion," "Quantitative Estimation of the Vibration Sensation," "Diaphragmatic Hernia," "Alopecia Areta," and "The Relation of Tonsillar Infections to Certain Cutaneous Lesions." The April issue contains articles on "Hour-glass Contraction of the Stomach," by Dr. A. F. Hurst and Mr. R. P. Rowlands, on "Tumour Formation" by Dr. G. W. Nicholson (in which the writer seeks to prove that tumours do not differ essentially from other tissues and are merely less perfect—in fact, tumours are malformations), on "Bright's Observations other than those on Renal Disease," by Sir William Hale-White, and several others.

The July number seems to be particularly valuable. To note only a few of the articles we must mention Dr. J. M. H. Campbell's discussion on "Acholuric Jaundice," Mr. P. Briggs' "Note on Hour-glass Contraction of the Stomach due to Pressure by the Splenic Flexure dilated with Gas," and Mr. E. G. Slesinger's "Note on a Consecutive Series of 458 Cases of Fracture of the Upper Arm Treated as Out-patients."

MATERIA MEDICA AND THERAPEUTICS. By J. MITCHELL BRUCE, M.D., F.R.C.P., and WALTER J. DILLING, M.B., B.Ch. Twelfth Edition. Fcap 8vo. Pp. 678. (London: Cassell & Co.) Price 10s. 6d. net.

This book, of which we welcome a new edition, is of use to at least three classes of men: to the student preparing for a preliminary examination in *materia medica* and *pharmacy*; to the student preparing for his final examination in *medicine*; and to the qualified

man, who will find it a useful reference work. The book is admirably arranged so that each of these classes of readers can find out what he wants without having to wade through much that he does not want. Its defect lies in aiming at covering too much ground; it is not likely that anyone will turn to one and the same work for information on details of *pharmacy*, the *pathology of diabetes*, the *physiology of the kidney*, the *administration of anaesthetics* and the *principles of vaccine therapy*.

The present edition has been thoroughly revised, especially those parts dealing with *caffeine*, *strychnine* and *alcohol*, and details have been added about several new drugs, including *ethanesal*. New sections have been added on *natural mineral waters* and *baths*, and on *invalid diet*. We have few detailed criticisms. We should have welcomed a reference under "Digitalis" to the rapid method of administering that drug, and also to its use in *auricular flutter*; and the reader might well conclude from the account of *vaccine therapy* on p. 263 that opsonins were the only antibodies whose production was stimulated by vaccination. This is a book which thoroughly deserves its popularity among students and qualified men.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

ANDREWES, Sir FREDERICK W., and NEAVE, SHEFFIELD. "The Nature and Systematic Position of *B. paratyphius C.*" *British Journal of Experimental Pathology*, August, 1921.

AUDEN, G. A., M.D., F.R.C.P., D.P.H. "The Problem of the Head Louse." *Lancet*, August 13th, 1921.

BRADLEY, E. J., M.C., M.A., M.D., B.Ch. "Idiopathic Purpura." *Practitioner*, September, 1921.

CUMBERBATCH, E. P., B.M.(Oxon.), M.R.C.P. "Discussion on Surgical Diathermy." *British Medical Journal*, August 20th, 1921.

DALE, H. H., M.D., F.R.S., and HILL, LEONARD, M.B., F.R.S. "Anaesthesia with Nitrous Oxide and Oxygen under Pressure." *Lancet*, August 13th, 1921.

DOUGLAS, S. R. "On some Characters of the Cleavage Products of Certain Bacteria, with Special Reference to their Toxicity and Antigenic Properties." *British Journal of Experimental Pathology*, August, 1921.

DUNDAS-GRANT, Sir JAMES, F.R.C.S. "Observations on Ossiculotomy." *British Medical Journal*, September 17th, 1921.

ELMSLIE, R. C., M.S., F.R.C.S. "Discussion on the Early Diagnosis and Treatment of Acute Poliomyelitis." *Ibid.*, August 13th, 1921.

FLETCHER, Sir WALTER M., K.B.E., M.D., D.Sc., F.R.C.P., F.R.S. Presidential Address (abridged) on the Aims and Boundaries of Physiology. Delivered on September 7th before the Section of Physiology of the British Association for the Advancement of Science. *Lancet*, September 10th, 1921.

GOW, A. E., M.D., F.R.C.P. "Discussion on Asthma and Allied Disorders." *British Medical Journal*, August 13th, 1921.

JUST, T. H., F.R.C.S. "Ligation of the Carotid Vessels in Serious Tonsillar Haemorrhage." *Ibid.*, September 17th, 1921.

— "Treatment of Collapse." *Ibid.*

KEYNES, GEOFFREY. "A Case of Tumour of the Carotid Body." *British Journal of Surgery*, July, 1921.

MACKENZIE, MELVILLE D., M.D., D.T.M.&H.(Camb.). "The Practical Prevention of Typhus Fever and Relapsing Fever in Mesopotamia during the War." *Journal of the Royal Army Medical Corps*, August, 1921.

MACKENZIE-WALLIS, R. L., M.D. "Discussion on Asthma and Allied Disorders." *British Medical Journal*, August 13th, 1921.

MOORE, ROBERT FOSTER, O.B.E., M.A., B.Ch., F.R.C.S. "A Case of Cure of Detachment of Retina." *Lancet*, July 23rd, 1921.

MYERS, BERNARD. "A Case of Oxycephaly." *British Journal of Children's Diseases*, July-September, 1921.

PYBUS, FREDERICK C., M.S., F.R.C.S. "Spina Bifida." *Ibid.*, September 17th, 1921.

— "Acute Osteitis." *Clinical Journal*, August 10th, 1921.

— "Some Forms of Pyogenic Arthritis." *Ibid.*, August 17th, 1921.

— "Tuberculosis of the Bones." *Ibid.*, August 24th, 1921.

— "Tuberculosis of Joints." *Ibid.*, September 7th and 14th.

RAWLING, L. BATHE. "Renal Calculus; Horse-shoe Kidney; Heminephrectomy." *British Journal of Surgery*, July, 1921.
 ROLLESTON, Sir HUMPHREY, K.C.B., M.D. "Discussion on Asthma and Allied Disorders." *British Medical Journal*, August 13th, 1921.
 SLOTH, GERALD M., M.D.(Lond.). "Abdominal Pain in Heart Disease." *Clinical Journal*, July 27th, 1921.
 WALKER, KENNETH M., M.A., F.R.C.S. "The Diagnosis and Treatment of Sterility in the Male." *Lancet*, July 30th, 1921.
 WOODMAN, E. M., M.S., F.R.C.S. "Influence of Operative Technique in Prevention of Haemorrhage." *British Medical Journal*, September 17th, 1921.

THE MEDICAL COLLEGE OF ST. BARTHOLOMEW'S HOSPITAL (p. 8).

SCHEDULE I.—THE FIRST GOVERNORS.

Viscount Sandhurst (President), R. B. Jacomb, Esq., Sir William Lawrence, Bart., Harry Bird, Esq., E. J. Layton, Esq., H. L. Hopkinson, Esq., Sir Herbert Cohen, Bart., Viscount Cave, Sir Anthony Bowby, G. Acton Davis, Esq., Sir Charles Hanson, Bart., M.P., Baron Parmoor, Baron Hollenden, Walter Leaf, Esq., Sir Wilmot Herringham, Sir Charles Wakefield, Bart., C. N. Watney, Esq., and all members of the Council of the College.

SCHEDULE II.—THE FIRST COUNCIL.

Viscount Sandhurst (President), H. J. Waring, Esq. (Vice-President), Dr. T. W. Shore (Dean), Reginald M. Vick, Esq. (Warden), G. Acton Davis, Esq., Sir William Lawrence, Bart., Sir Charles Hanson, Bart., Sir Frederick Andrewes, Dr. H. Morley Fletcher, Dr. J. H. Drysdale, G. E. Gask, Esq., W. Girling Ball, Esq., Dr. Williamson, and three others to be appointed by the Governors of the Hospital, and six others to be appointed by the Medical Council of the Hospital.

CHANGES OF ADDRESS.

AUBREY, G. E., Alexandra Buildings, Hong Kong.
 BOTT, R. H., Major I.M.S., K.E. Medical College, Lahore, India.
 CATES, J., 16, Adelaide Road, Surbiton, Surrey.
 CATFORD, E., Capt. R.A.M.C., R.A.M. College, Millbank, and 8, Elm Park Road, Chelsea.
 COZENS, F. C., Warwickshire and Coventry Hospital, Coventry.
 DOTTIDGE, C. A., Forest Gardens, Lyndhurst, Hants. (Tel. 32 Lyndhurst.)
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 STURTON, S. D., C.M.S. Hospital, Hangchow, Chekiang, China.
 WAY, L. F. K., Lt.-Col. R.A.M.C., Roseleigh Park Road, Burgess Hill, Sussex. (Tel. 49 Burgess Hill.)
 WELCH, T. B., The Magadi Soda Company, Ltd., Kenya Colony.
 WILLIAMS, I. G., Dreadnought Hospital, Greenwich, S.E.

CHANGE OF TELEPHONE NUMBER.

CARSON, H. W., (111, Harley Street, W. 1.) Tel. Langham 256.

APPOINTMENTS.

ARMSTRONG, R. R., M.D.(Cantab.), M.R.C.P., appointed Medical Officer to the Sun Life Insurance Co.
 COZENS, F. C., M.R.C.S., L.R.C.P., appointed House Physician to the Warwickshire and Coventry Hospital, Coventry.
 LANDAU, J. V., M.B.(Lond.), appointed Anaesthetist to the Queen Mary's Hospital for the East End.
 SHARP, B. B., M.B. B.S.(Lond.), appointed Clinical Assistant, Department for Venereal Diseases, to the Great Northern Central Hospital.
 SKAIFE, W. F., M.B.(Oxon.), Appointed a Resident Medical Officer, Johannesburg Hospital, Johannesburg.
 WELCH, T. B., M.B., B.S.(Lond.), appointed Medical Officer to the Magadi Soda Company, Ltd., Kenya Colony.
 WILLIAMS, I. G., M.B., B.S.(Lond.), appointed House Physician to the Dreadnought Hospital, Greenwich.

BIRTHS.

EVANS.—On August 30th, at 5, Bedford Gardens, W. 8, to Ermine, wife of Geoffrey Evans—a daughter.
 REICHWALD.—On September 16th, at Timber Hill, Ashtead, to Dr. and Mrs. M. B. Reichwald—a son.

MARRIAGES.

MAITLAND—KNIGHT.—On September 1st, at St. Barnabas Church, Hendon, by the Rev. Canon Bains, M.A., assisted by the Rev. C. N. de Vine, M.A., Charles Titterton Maitland, M.B., eldest son of the Rev. C. H. Titterton, M.A., B.D., to Joyce Muriel Ward Knight, youngest daughter of the late Rev. C. F. Knight, M.A., formerly Vicar of All Saints', Sheffield, and Rector of Frinton, and Mrs. Knight, of Tasmoor, Meadow, London, N.W. 11.
 ROSSDALE—WOOLF.—On September 20th, at the New West End Synagogue, by the Very Rev. Chief Rabbi, Dr. Hertz, assisted by the Rev. Joseph Polack, B.A., and Rev. Ephraim Levine, M.A., Dr. George Rossdale, second son of Mr. and Mrs. James Rossdale, of 7, Pembroke Villas, to Kate Alberta, younger daughter of Mr. and Mrs. Albert M. Woolf, of 52, Priory Road, Hampstead.
 STURTON—JELLEY.—On July 26th, at Ruckinge, Kent, S. D. Sturton, M.B., M.R.C.S., to Rose E. Jolley, of Royal Sussex County Hospital, Brighton.

DEATHS.

VIRET.—On September 16th, 1921, at "Fernleigh," Horton Lane, Bradford, Dr. Benjamin Pope Viret, aged 54.
 FLETCHER.—On July 31st, 1921, in a London nursing home, after a serious operation, W. W. E. Fletcher, of 7c, Stamford Brook Road, W., aged 64.

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